The Contribution of the Junior Red Cross to Public Health*

By Miss ELSIE GRAVES BENEDICT, Director Junior Red Cross Division, League of Red Cross Societies

I accepted the very great honour of addressing this distinguished gathering with hesitation. Your own chairman of this section is perhaps better qualified than any other one person in the world today to speak on this very topic. Leader of your Canadian nurses, school hygienist, director of the Junior Red Cross in your National Society, versed in the problems of public health, and an excellent speaker, Miss Jean Browne could give you better than I the meat of this subject,. She shared, as you know, with Dr. Rene Sand, the famous Belgian, the honours of being the two foremost exponents of Junior Red Cross in the domain of health at the conference of educators assembled under the auspices of the League of Red Cross Societies in Paris, during the summer of 1925. Moreover, of the fifty-four national Red Cross Societies federated in the League of Red Cross Societies, the Canadian Red Cross is known to have been especially successful in this particular field of Junior Red Cross endeavour. However, she, your chairman, requested my participation in this meeting in her own inimitable way: you know the way! It is one few can resist, certainly not I, her collaborator and friend. Besides this, knowing that on the way across the continent from my home in California I was to have the cherished opportunity of seeing some of the work of your Canadian Juniors, I greatly desired to be allowed to meet at this gathering you whose cordial collaboration has been so great a strength both as example and encouragement to your Canadian school children, in order that I might offer you my homage and congratulations. But as even this treasured experience has been but a glimpse of the health phases of Junior Red Cross throughout this mighty territory of northernmost America, I shall leave reference thereto for others of your own authorities, and confine my remarks to the contribution being afforded by this movement of Red Cross youth to health as I have observed it elsewhere in many countries, under various conditions, and amongst differing races. I shall endeavour to give you facts rather than theory, leaving to yourselves their application to the problems in which you are interested.

Neither shall I here attempt a full exposition of the nature of Junior Red Cross. You are, I understand, already well informed on that. Moreover, to do so fully were to outline for you the whole peacetime programme which has unfolded since the cessation of the world war. For the Junior Red Cross stands in relation to the whole somewhat as does the understudy to the leading lady! Imagine, nine and a half million understudies on four continents in both hemispheres are in training for their parts under the noble motto, "I Serve," are practising during the years when they themselves are flexible, open-minded, in the making, physically, mentally and morally. Understudies, ready to act, indeed, though always young

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and sometimes inexperienced, **acting** already, and as practice leads somewhere near the goal of perfection, the Red Cross Societies of the earth should one day find an adult population prepared to give a notable performance of the great role of membership-one-with-another, to play which perfectly would bring in what? . . . the millenium? Alas! From such flights of imagination one comes back to the bumpy road of the present day, realizing keenly that this millenium is yet a long way off! And yet, viewing the condition of the peoples of the earth, one would feel despondent were it not for just such occasional flights of fancy wherein we view the possibilities, were the majority of the rising generation really to be given the chance to play the role of adult life according to all the rules of healthy living. And after all **why not!** Even in this eye-wink in eternity, the seven or eight years since the Red Cross Societies awakened to such possibilities for their child members, even in this short time, experience has proved that school children can respond and have already responded to a degree unprecedented in history, to the right kind of approach in the concerns of public welfare, including health.

What is this approach? And how does it come into the field of Red Cross endeavour? Most of the Red Cross Societies of the world, realizing that there can be no armistice with disease, no truce in their war against the sources of human suffering, consider popular education in health to be one of their primary responsibilities, even though this role is supplementary to or in collaboration with, or even a co-ordinating factor in, all other good work being done in this same direction. Obviously such education includes that of the child population. Obviously also there are many ways of approaching the child: Through the parents, the environment, the school inspection system, etc., etc., as those of you who are public health nurses understand thoroughly, treading as you do, with the physicians and the school teachers, all these necessary and important avenues. I shall make no attempt to indicate where and how the Red Cross influence helps in all of these activities for the child by the adult. May they ever increase! But my topic of Junior Red Cross is all the more striking, if I may be permitted to say so, for this very elimination. For thereby the Red Cross action through and by the Junior Red Cross is isolated for observation. And at once we see that its distinctive contribution is the fact that it does not come down from above, not from adults for children, but springs up from below as it were, from the children themselves. **It secures their ardent participation in what concerns their own health and that of others.** Professor Harry Overstreet amusingly describes the difference between "Instruction" and "Education" by likening the process of instruction to rows of little mugs receiving from a large jug. The large jug pours in the information until the little mugs are full, and then the little mugs move out from underneath the jug! I do not need to insist to this audience that modern children are much **more** than passive little mugs! They are exceedingly positive, even dynamic beings. They want to take an active part in the real affairs of life. They desire to participate. This is what the Junior Red Cross seeks to insure—this opportunity for participation and co-operation. Wherever a group of Juniors exists—and they exist in the schools, for the class is their unit of organization, the classwork is one of their main fields of endeavour—wherever they are, in real understanding membership, there the school and health authorities, nurses or lecturers, will find eager acceptance of offered information and, what is more helpful,

earnest endeavour to practise what is preached.

But all countries are not so fortunate as Canada in having well-established, proper and efficient departments of school hygiene, with all necessary equipment of people and supplies. Consequently the Red Cross, true to its spirit of service, has in many lands been able to show the way, demonstrating the need, and at least partially and temporarily filling the need, before such public services were organized. In some way, and as promptly as possible, the dark murk of ignorance must be penetrated, must be dispersed and the laws of health uncovered. Once this is done, the true action of Junior Red Cross appears, in leading to the practice of these health laws. Where ignorance prevails this is often a real achievement on the part of the children, who are in this age frequently the bearers of knowledge which has failed to reach their less fortunate parents. How to sleep with open windows when double panes are puttied tight! How to free heads from lice when, as in Albania and Macedonia, lice have hitherto been regarded as sacred symbols of life, for the naive reason that vermin leave the dead! How to make it understood that the anopheles mosquito is the instigator of malaria, when the belief is that this scourge comes from eating blackberries—an idea held in some parts of the Balkans! How to take a bath once a week when, even in that magnificent centre of art and culture, Vienna, some children were found sewn into flannels in November and cut out of them in March! Yet the ardent Juniors, inspired by their concept of a sound body as a means to greater service, have solved these and harder problems with success, as many a report in the Secretariat of the League of Red Cross Societies in Paris, and hundreds of others in each national headquarters, testifies. The Junior Red Cross reminds the child of the importance of good health, imparts supplementary information by means of reading matter, posters and plays, and then the very nature of the Red Cross, its spirit, helps to transmute this knowledge into action.

I recall vividly an incident which occurred several years ago in Slovenia. A lecture was being delivered by a local doctor, under the auspices of the National Red Cross, illustrated by a film from the lending library of the League of Red Cross Societies. This motion picture showed the application of sane methods of sanitation, rest and correct diet, and their effectiveness in the cure and prevention of tuberculosis. During the projection sobs, heartbreaking sobs, burst forth in the darkness. People rushed to see what had occurred. A little girl was found weeping so uncontrollably that she could not, for some moments, tell the reason. At last it came. She was weeping for joy! It seemed that her grandmother, her parents, in fact all her immediate family had died of that dread malady, and she had been told that she must follow that same dark road. Now she found that such a fate could be avoided. She wept in gratitude. It does me good to know that in that very place now there is a vigorous Junior Red Cross activity. For this means that this little girl, and others like her, now have the encouragement of group effort enabling them to walk bravely that road back to health. They have clean hands, ears, teeth, cleaner homes and even school-rooms, resulting from this collective practice. They find the desire for personal strength and comeliness ennobled when it is seen to be a sign of willingness to preserve and build up the public standard of health and welfare.

This Red Cross way of working not only dispels ignorance, but does away with the necessity for frightening children with horrible tales

and pictures of disease. Last November, at a meeting in the Isle of Man—a meeting to initiate a Manx Red Cross Society—a school teacher arose offering this comment: "For years I have struggled with the problem of the boy who thinks it manly to go unkempt and 'sissyfied' to go clean. I found I could not scare him into cleanliness by threat of germs or death. But the best in him responds when you touch him in the quick of his relationship to the welfare of others." It is an encouraging sign, in an age when humanity needs encouragement, to know that the spirit of altruism can find such swift response, and this has proved true wherever the Junior Red Cross has been given a real trial, be that place where or what it may, orient or occident, civilized or uncivilized, under all conditions of climate, and under all influences of religion and social tradition.

Sometimes this action contributes very definitely to the general community welfare. The Greek Juniors, for example, learning of the ravages of the malaria-bearing mosquito, go forth themselves in veritable swarms, to discover breeding pools, to destroy larvae, to help, if they are old enough, to clean and straighten the channels of meandering streams. I am informed that the Greek Government has sent official thanks to the Greek Red Cross for the part taken by these school children in combatting this plague of insects. Children especially enjoy being allowed to assist in all sorts of "Clean-up Campaigns." This is especially true of my compatriots in the United States. Frequently the reports we get are not without their humorous side. In the magazine of the Siamese Junior Red Cross we rejoiced over a tale of a small Siamese lad who, finding a dead dog floating in the canal beside his house, knew enough about sanitation to "shove him off to the next landing." But the boy at the next landing objected, and an argument almost as unsavoury as its subject began, to be settled only by a wiser child who pointed out that the interests of the whole village would be served by burying the dog. Evidently the satisfaction which the three derived from this first act of public service was such that they will feel disposed to continue burying other sorts of "dead dogs" until some day, inevitably, their understanding will so widen as to enable them to see that their efforts would be more wisely spent in seeing that dead dogs were never thrown into the canals at all. Because the whole tendency of this movement is to begin in the immediate need of the group, home and school, then to widen out in usefulness as the child grows to manhood, until the area of his interest includes his community, his nation, and finally that greater unit, **his humanity.** Later I shall indicate how even now this wider outlook is being induced.

There are many ways in which the Red Cross utilizes this good-will for community and national service, in direct connection with concerns of the public's health. You have another example of one of these ways here in Canada. I refer to the Crippled Children's Fund, to which Juniors from all over your country contribute their earnings and savings, and from which some **5,000** boys and girls have been remade nearer to their heart's desire and into useful happy members of your Commonwealth. A wonderful achievement in itself! But think what it means to the givers also! In like manner have the New York City Juniors, by their own efforts, paid for various activities, such as eyeglasses for those who could not otherwise have them, with so many thousand dollars that one scarcely dares credit one's eyesight in reading the statistics, for these approximate a sum of $50,000 yearly. In passing through London last summer I found a similar state of mind over Junior Red Cross statistics. I can't resist telling you of it. Having

stopped to pay my respects at headquarters of the British Red Cross I went up to see one of my personal friends on the staff of the Junior Section. In her office my eye fell on a freshly lettered poster, something about "Juniors linked for service around the world," and I exclaimed, "Why! Haven't we sent you the latest statistics? I see you have the world membership down as seven million. It's now nine million." (This was before the last count of nine and a half million). My friend hesitated an instant then observed. "We had it nine million. But General C. said 'What! **Nine** million! Gad! Nobody will ever believe that! Cut it to seven!'" I feel the same way about the sum of money the children of the United States raised after the war for devastated Europe. It is so large you feel nobody will believe it for it runs over two million dollars. Children are so plentiful! Fortunately! And when they begin doing things all together, even though the act of each is very small, almost insignificant, the cumulative results are astonishing. Perhaps no achievement is more remarkable, considering the circumstances, than that of the Juniors in the Philippines. Through their own work, penny by penny, each year, they have raised enough money, first to equip with medical supplies, and then to support 73 travelling Dental Clinics, treating over 300,000 children during the year 1925, who would otherwise have had no means of visiting a dentist.

However, we who work in the centre of this world movement, in the League Secretariat in Paris, have to be careful not to let ourselves jump to conclusions which are perhaps unwarranted, when such figures come to us, as they do from all over the world. Statistics are very tricky! And yet, they may also be very significant, and for that reason, despite their dangers, we cannot afford to disregard them.

I am sure you will agree that it is best to try not to use these startling summaries of accomplishments as the sole basis for judgment, but to look also for the more modest achievements, realizing that in these is to be found a more usual type. Yet even so, everywhere we find results. In Riga, for instance, through the help of the Juniors in the United States, and by their own hard work, the Latvian Junior Red Cross established several hot lunch canteens, of a very simple, even frugal nature. Yet, when I visited Riga a few months ago, I found that these little canteens, serving only cocoa and bread, had so decidedly proved their worth in the improvement of health, that the municipal authorities had agreed to continue them and start others. Our archives are overflowing with reports of countless similar activities.

This function of the Red Cross as Demonstrator of Needs, showing the way over which the more deliberate machinery of the government may follow, sometimes assumes national proportions from comparatively small beginnings. Thanks to such power of demonstration the Belgian government has recently placed in the competent hands of the Belgian Red Cross a large sum of money, to equip and organize playgrounds throughout the whole country. Speaking of Belgium, the Junior Section of that strong Red Cross Society is now regarded by the government as its official means for the promotion of school hygiene. This is a notable action in a country where the welfare of the child is so well understood and ably safeguarded. The Belgian Red Cross has published amongst others a booklet, especially for teachers, giving indications for the use of the Junior Red Cross in connection with the attainment, or retainment, of health. This is perhaps the best treatise of its kind now existing in any language, for it takes into consideration those points where the

modern psychologist and mental hygienist joins with the doctor and the nurse in realizing how the proper canalization of energy, how joy and its effects, how the sense satisfactions in useful accomplishment, contribute to good results in both prophylactic and curative therapeutics.

So far I have chosen to illustrate my points from stories about children in normal health. It should be noted that the ministrations of Red Cross membership are equally powerful amidst the whirlpool of suffering—for the cripples and the bedridden. Could I bring to your imagination some of the instances I have witnessed, you would see with me another, deeper, healing. But I spare you descriptions and offer only facts. When the leader of a Junior group in the school for cripples in Budapest was lifted on the table (he had no legs) to receive a decoration for faithful service, he spoke thus to the congress of Hungarian Juniors present there: "The hardest thing a cripple has to bear, harder than his pain or his physical handicap, is his feeling of being crippled in his relationship to humanity. Our group-work, one for another, under the sign of the Red Cross, has helped to heal us of this worst suffering." This is public health of another kind, but who shall say where one kind begins and another leaves off? The chief physician at the Latvian Red Cross Sanatorium for Bone Tuberculosis, at Krimulda, like many others who think deeply, sees health of mind and health of body as one inseparable unit. He told me so when I last visited there. He had, for one year, watched the effect of Junior Red Cross upon the Krimulda children, seen the little groups for the meetings when the nurses rolled the hospital beds together, and observed the older boys and girls in their joyful preparation of gifts to send overseas to other Junior members. "I consider," he said, "that this wholesome and inspiring activity is a definite factor working toward cure of this disease." I know of more extreme cases than either of these, pointing to truths we but dimly perceive, yet emphasizing that man is indeed a threefold creature, indivisible, body, mind and spirit, each working for the perfecting of each.

To make these remarks in any way an adequate exposition of my subject I should tell you how the children are led to take a wholesome interest in their weight, height, correct posture, diet, exercise, cleanliness, in fact in the whole gamut of health-giving procedure. But time prevents my attempting to touch them all.

You will be able to supplement my omissions from your own store of knowledge about the work in Canada.

In conclusion I would only add a few words to show that although the Junior Red Cross is a spirit, it is not a dis-embodied one! It has organic structure, is a living being. Just as every one of the thirty-nine national societies who are fostering the movement has its nation-wide organism with its headquarters, its regional and local committees, acting as the heart and arteries to carry life-blood throughout the membership, so the federated societies have their world structure whose peace-time work finds its heart-action in the Secretariat of the League of Red Cross Societies. Into and out of this central point of contact flows a stream of news of the children's work, stories, illustrations, all the vital signs of life with which to keep the members renewed in interest and to give them that wider outlook so essential in this era of human development. This material feeds into the publications of the member societies, they choosing what they find useful. There are now 28 such magazines in 26 countries, devoted by each Red Cross Society to its child constituents,

giving them, as I have said, a glimpse beyond their own frontiers into the lives of Juniors everywhere. The editors of these magazines are always eager for good literature bearing on matters of health, good health teaching, either plain or so skilfully disguised as to teach its lesson imperceptibly. I now come to another very important feature of the Junior movement, from which the teachers of the world, those joint parents and faithful allies of the Junior Red Cross, are extracting what they need for their own educational purposes. I mean the International School Correspondence. These albums full of photographs, bits of embroidery, songs, all the things that a class of school children choose to help them explain their life and land to others, are tracing innumerable pathways through the void that separates peoples: pathways over which better understanding may gradually travel. Into these albums go many ingenuous documents dealing with matters of health, the senders taking it for granted that the receivers, being Junior Red Cross members, will find interest therein. Consequently, these exchanges also are arteries in the distribution of information.

And now, having made many resounding statements, in justice both to my audience and my subject I feel that I should end with a word of warning. It is this:—Were you to go into a school to see the work of the Junior Red Cross, trained observers that you are, you might not find it! For children are shy, especially of that which is very dear to them and which touches deeply their relationship to life, a life which they as yet cannot attempt to comprehend. Also, as a rule, they cannot easily put their ideas into words. If you ask them, they may blush and become tongue-tied, unless the teachers will come to their rescue and, summing up what they have done in terms of her adult intellect, be their interpreter to you. However, as you **are** trained observers, I believe you will read in sign language: read the straight spine, the clear eye, the clean skin, the orderly tenure, the readiness for action. Then, if you can also read with the eye of your soul, read the feeling of good-will, good cheer, good fellowship; then you will, I venture, say to yourself: "Yes, the Junior Red Cross **is** a contribution to public health." For in the last analysis the Junior Red Cross is not "an organization for health" or "a method of teaching health," it is **health itself,** for it represents a healthful attitude toward all that concerns life. And its results will only be known as they become visible and multiplied in the next generation.

The Late Miss G. E. (Norah) Livingston

Miss Gertrude Elizabeth (Norah) Livingston, who for thirty years was superintendent of the Montreal General Hospital, died suddenly on July 24th, 1927, at her home, "Windy," Val Morin, in her 80th year.

With the death of Miss Livingston disappears the woman who, more than any other, was responsible for the present efficiency of the nursing staffs in Canadian hospitals. A Canadian Florence Nightingale, she devoted more than thirty years of her life to the improvement of hospital conditions, particularly in the direction of better training, accommodation and care for the nurses; and to her the Montreal hospitals owe a debt of gratitude that, in the opinion of officials, can never be repaid.

When Miss Livingston retired as superintendent of the Montreal General Hospital in June, 1919, she left behind her a record of achievement unequalled in the same sphere of activity. She was born in Sault Ste. Marie, Michigan, of English parents, and at an early age came to Canada, where the family settled at Como. Miss Livingston received her professional training in the New York Hospital, West 16th Street, and for a time was superintendent there, but she preferred to complete her career in Canada, and in February, 1890, came to Montreal and entered the Montreal General Hospital as its superintendent.

The conditions she met there were far from those now obtaining. Nurses were for the most part untrained; they possessed no credentials as they do today, and no uniform was in vogue.

Miss Livingston started in to change things, and within a year of her entrance had so revolutionized the organization of the hospital as to make it unrecognizable alongside conditions of the previous year. Her ability for leadership grew as the confidence of those about her increased, and she soon had working for her a staff as efficient as it was neat. The neatness was introduced with the adoption of a standard uniform, for which Miss Livingston alone was responsible; and the efficiency was developed with the establishment of training classes for nurses. In this work the superintendent achieved distinction in three directions: she organized and conducted the first preliminary training class for nurses, she inaugurated the first three-year course for nurses, and introduced the first probationer's uniform, in Canada.

The first training school for nurses was opened in December, 1890, with a class of five chosen from the untrained assistants in the hospital. At that time the nursing staff consisted of the superintendent, two graduate nurses and twenty-eight untrained assistants. When Miss Livingston retired in 1919 she had under her direction eighteen graduate nurses and 135 nurses in training.

As the classes increased in number it was apparent that a nurses' home would be needed, and the corner-stone of the first Montreal General Hospital home was laid by Lord Lister in September, 1897.

When Miss Livingston retired she had equipped 637 graduate nurses with the knowledge necessary for successful completion of their work. Further evidence of her remarkable powers lay in the fact that she never forgot a girl who had studied under her, and, as she said of them herself: "They are all my girls and I remember every one and do not have to consult my note-book to place their year of graduation or to recall little events which happened during their time with me." Several of the nurses who received the benefit of her training served in France, and two of them, Nurse Vivian Tremaine, who nursed King George when he

THE LATE MISS GERTRUDE ELIZABETH (NORAH) LIVINGSTON

met with an accident in France in 1916, and Nurse Lottie Urquhart, who went through the bombing of the Etaples hospitals in 1918, were decorated for heroism.

The work achieved by Miss Gertrude Livingston during the thirty years that she was superintendent of the Montreal General Hospital has spread far beyond the area where the work took place. Miss Livingston was capable of courageous exertion; she possessed singular administrative ability, and to her pervasive spirit is due much of the present-day efficiency of the nursing staffs in Canadian hospitals. The nature of her work gave a lustre to her name and in the permanence of some of its benefits she will have a lasting memorial.

Many other improvements in hospital organization and accommodation were due to Miss Livingston's initiative and the authorities were not slow to accord her recognition when she retired in 1919, because of failing health, induced, no doubt, by the sacrifices she made during the thirty years of her incumbency. In 1919 she was succeeded by Miss S. E. Young, Royal Red Cross, who is still superintendent of the hospital.

Miss Livingston is survived by one sister, Gracie, who was dietitian of the hospital for a number of years prior to the retirement of her sister.

International Council of Nurses

Interim Conference

Between seven and eight hundred nurses representing thirty-four different countries attended the Interim Conference of the International Council of Nurses held at Geneva from July 27-30, under the chairmanship of Miss Nina Gage, president. The Canadian Nurses Association was represented by Miss F. M. Shaw, president of the association, who reports that the invitation of the Canadian Nurses to the International Council of Nurses to hold the next general meeting, in 1929, in Canada, was enthusiastically accepted. The programme of the conference, which was published in full in the August number of The Canadian Nurse, pages 412, 413, gives some indication of the wide range and interesting nature of the papers read and problems discussed. Enjoyable and instructive visits were made to hospitals, clinics, etc., and to the League of Nations Headquarters, including the International Labour Bureau. The social functions arranged by the reception committee were very successful but it was generally conceded that the tour round the lake on Saturday, in a specially chartered steamer, was the climax of everyone's enjoyment. Throughout the entire meeting there was a wonderful feeling of fellowship and goodwill. Canadian nurses present at the conference included Miss F. M. Shaw, Miss E. I. Johns, Miss E. J. Smellie, Miss Manson, Miss Clark and Miss Revere.

A Review of Obstetrics

By WM. J. STEVENS, M.D., C.M., Attending Obstetrician, Ottawa Civic Hospital

While obstetrics must have been the earliest of all medical arts, little progress was made until the last two hundred years. In the early days midwifery was practised entirely by untrained midwives, and the doctor was called only when the patient was moribund. Obstetrics was practised in medieval days by tinkers, horse-gelders, carters, sooth-sayers and the like, with the result that a woman in normal labour had an even chance of recovery, while in difficult labour she was usually butchered to death. Teaching of midwives was considered unnecessary since it was their belief that "Dame Nature is the proper midwife."

During the seventeenth and eighteenth centuries, knowledge of obstetrics increased greatly in England. Chamberlain devised the obstetrical forceps, an instrument it was realized that could not be used by the untrained midwife, hence patients more and more sought the aid of the trained obstetrician. In 1726, in Edinburgh, the first chair of midwifery was founded to train midwives. Thirty years later medical students received their first training in obstetrics. In 1866, only 60 years ago, it was first compulsory for medical students to qualify in midwifery. Since those early days great progress has been made in obstetrics, very marked in the past 10 years. At the present time obstetrics is being recognized by the medical profession as one of the major branches of medicine and the laity are asking for more adequate obstetrical attention and skilled care. In the large centres the greatly increased attention given to maternity is conclusively demonstrated by the rapid strides made in this domain, and this has found expression in agitation, generally prevalent, in both lay and professional circles.

The campaigns against tuberculosis, typhoid, malaria and other illnesses have now been succeeded by almost world-wide propaganda for better maternal and infant welfare. The movement has been inaugurated by the organization of maternity centres, prenatal clinics, milk stations and the role of the visiting nurse. Mothers are being educated by supervision and example, the result being a lowering of the maternal and infant mortality. There is no branch of medicine which demands better judgment and sympathy on the part of both medical attendant and the nurse than that of childbirth.

Antenatal care: The greatest advance made in obstetrics during the past decade is that of antenatal supervision of the expectant mother. This supervision makes of obstetrics a branch of preventive medicine. The successful culmination of an obstetrical case depends, in the main, upon three factors:

1. Intelligent and faithful prenatal care.
2. Skillful and scientific management during labour.
3. Conscientious attention to postnatal hygiene and follow up.

The objects of prenatal examination are as follows:

1. History of diseases which may have a possible bearing on the condition of the pelvis, heart or kidney operations, previous pregnancies and present condition must be studied.
2. General physical examination.
3. Measurement of the pelvis: a most vital procedure, to detect pelvic abnormalities and to diagnose before labour, any possible disproportion between the foetal head and the pelvis.
4. Urine examination for kidney involvement or diabetes.
5. Blood pressure to detect impending toxemia.

6. Determination of presentation, reserved for the last four weeks of pregnancy with a view to correcting abnormalities.

7. Hygiene of pregnancy, advice (incorporating what exercises may be attempted), dangers to avoid, diet, bowel regulation, dress, breast care, abdominal support, relief of pressure symptoms, the prevention of premature labour, advice to live a quiet, peaceful life and assurances of relief, when required: thereby instilling cheerful prenatal influences.

During the antenatal period visits are made every two weeks, at which time reports are made and abnormalities are noted, blood pressure taken and urine examined. In the last month an abdominal examination is made to determine the presentation and the size and condition of the fetus. Impending toxemias are thus detected early. The public should and must be taught what can be done by prenatal care and proper and clean obstetrics. Prenatal care is the right of every prospective mother, it is the first step, and in this, conscientious care is the essence of the contract. To the conscientious obstetrician one life saved from eclampsia will repay him for his self-imposed toil.

Synergistic Analgesia in Labour: Undoubtedly the greatest advance made in obstetrics in recent years is the perfection of rectal synergistic analgesia, whereby the mother is safely and most effectively relieved of the agonizing pain of childbirth. The anaesthetic abolishes the most dreadful part of the ordeal of labour, without danger to either the mother or her baby. The standard technique, which may be adjusted to the individual patient, comprises intramuscular injections of morphine and magnesium sulphate and colonic instillations of an ether mixture, given at the commencement of real labour. It can be used both in normal labours and in abnormal, in induction cases, in toxemias, in cardiacs and in acute pulmonary cases. The procedure may be given in the home, preferably with the nurse in attendance, but ideal results are more likely procurable where the doctor can stay with the patient and give constant medical care. I have used this analgesia in a large number of cases with very satisfactory results, in some cases complete relief from pain and memory of events is attained: the patient after recovery remembers nothing after the first instillation. In most cases striking relief is obtained. The effect is judged by the external manifestations and the word of the patient after recovery from the delivery, to whom it more often comes as a godsend.

Preparation: The preparation of patients for delivery varies considerably in different institutions. After a cleansing and stimulating enema, and clipping the pubic and vulva hairs, the vulva, perineum, lower abdomen and inner sides of the thighs may be scrubbed with green soap, after which the same are flushed with sterile water or lysol solution and the patient draped with sterile covers to cover all but the vulva.

Normal Delivery: After the birth of the baby the nurse cleanses the throat of mucus with gauze on the index finger. When pulsations cease, the cord is clamped, tied short and cut, the nurse wipes the cord stump with sterile gauze, dresses with sterile gauze and applies an abdominal binder. One minum of a 1% silver nitrate solution is then inserted into each eye and then washed out with boric solution.

The baby is then wrapped in a sterile towel and placed on its right side in its basinette with hot water bottles, and covered with a woollen blanket to maintain its own body heat. In one hour's time it receives an olive oil bath, is weighed and then bought to the nursery. Six hours after birth it is given a soap and water sponge bath.

Immediately after delivery the mother is given hypodermically

½ c.c. of pituitrin to aid in the uterine contraction, assist in placental expulsion and lessen postpartum hemorrhage, which it seems to do. After the placental expulsion the nurse holds the fundus, not kneading it, for a period of one hour, or until such time as the likelihood of postpartum hemorrhage has passed.

Post-Partum Care: Begins immediately upon the delivery of the child, and it is being recognized that the proper post-partum care of the parturient woman prevents many obstetric tragedies. It is poor consolation to have a woman whose life has been saved by proper prenatal care, die of puerperal infection after delivery.

The patient in bed is advised to move freely from side to side a few hours after delivery to facilitate drainage and within a few days to sit up supported. The patient is kept in bed until the lochial discharge is serous in character and the uterus retracted below the pubes. An abdominal binder is essential to support the over-stretched, thinned-out abdominal muscles, and the knee-chest position may be assumed periodically.

Systematic examination from 6 weeks to 2 months after delivery is quite as important as that prior to delivery. Such examination frequently reveals extensive cervical tears, marked cervicitis or a prolapsed or subinvoluted uterus, the proper treatment of which leads to relief. Otherwise, the neglect causes annoying discomfort or persistent misery, for the ultimate correction of which decidedly more radical procedures are necessary.

Puerperal Sepsis: There are certain fundamental principles underlying the safety of the child-bearing mother which, when forgotten or neglected, lead to disaster. In the modern hospital of today obstetrical technique has become specialized. A highly trained standardized aseptic technique is insisted upon and when the danger of hospital contagion or the transference of infection from other cases is appreciated and these dangers, augmented by the predisposition of parturient and puerperal women fully recognized, many lives will be saved. Compare surgical and obstetrical work: the surgeon works in a sterile operative field, on the other hand the obstetrician operates in an unsterile field (among, as it were, faeces and urine). A labour lasts hours or days, the operative area lies open to contamination all this time, climaxing at the delivery. The wound is open as long as the patient remains in the hospital and in some cases has been subjected to uncalled for contamination in faulty technique by the doctor or nurse, or both. When the full surgical dignity of the obstetrical case is recognized and properly valuated, it will naturally follow that everything in maternity will be done with at least the same thoroughness as in surgery. Labour has all the qualities of a surgical operation and a great deal more.

In puerperal septicaemia considerable success has attended the giving early in the complication blood transfusions of moderate quantities, repeated. Various dyes such as Gentian-violet, Mercurochrome and Acriflavine are used intravenously with varying results, these, of course, acting as blood disinfectants. Sometimes intramuscular injections of the husband's blood are given to stimulate favourable reaction. Anti-streptococci serum is used intravenously. These are used in conjunction with building up the patient's resistance, by her being put in the fresh air and sunlight, nourishing foods, tonics, and good drainage by Fowler's position. Uterine douches are seldom used. Septic cases are always isolated.

In the toxemia of pregnancy strict antenatal prophylactic care is best.

In eclampsia a tremendous advance over any previous treatment is made

in the intravenous use of glucose or glucose and insulin, hypodermically, combined with venesection in persistently high blood pressure.

Another advance of late is made in the prevention and control of the convulsions by maznesium sulphate, used intravenously or intramuscularly, with remarkably brilliant results. The magnesium sulphate is anaesthetic, allows the patient to relax, is diuretic and reduces the intracranial pressure. It is felt that it most certainly aids in the rapid recovery of the patient. A sedative and temporary anaesthetic with oxygen is used. The eclamptic patient must be treated very gently and quietly by the nurse, scarcely touched at all, preferably in a darkened, quiet room. Light should be only enough for the nurse's attendance. Sleep and warmth are necessary. Change of posture in bed 4 to 6 times daily is needed to avoid pneumonia. Treatment is conservative rather than radical. Hot packs, stomach lavage and colonic irrigations are used more sparingly than formerly.

In pernicious vomiting glucose intravenously or with insulin, hypodermically, is used with wonderful results in most cases, in conjunction with nutrient sedative enemas and restricted diet. Small blood transfusions are used should glucose fail. Sometimes the husband's blood is injected gluteally with favourable results. Glandular treatment may be tried.

Placenta praevia, where central or partial, is best treated by Caesarean Section. Where the after-birth is marginal a Voorhees bag may be inserted. Blood transfusion is used where hemorrhage necessitates it. Conservative waiting methods in placenta praevia have been found to be less effective than the more active treatment to conserve life for both in this most serious complication. Caesarean Section is the best method of choice.

In contracted pelvis, detected antenatally, Caesarean Section is resorted to: either the high classical or the low transperitoneal, sometimes under local anaesthesia. Fewer tests of labour are being done, as a result of which more living babies and more living mothers are being delivered.

High forceps are becoming obsolete, with their trail of hopelessly damaged babies and injured mothers; there has been a gradual tend to Caesarean Section.

Sterilization is considered accordingly.

Forceps in the hands of the skilled operator are used not only to save the perineum but the child and to save the mother's strength in cases of protracted labour.

Shock in the pregnant and puerperal woman, either due to hemorrhage or otherwise, requires instant treatment on the part of the nurse, otherwise death invariably ensues. The nurse should lower the patient's head and shoulders and restore the body heat by hot water bottles, woollen blankets, or electric light bath. Warm tap water may be given by rectum and normal saline submammary or intravenously. The patient should be transfused as early as possible. A sedative is always effective.

Care of the breasts, antenatally, nature provides. If necessary, however, alcohol to harden or cocoa butter to soften may be applied to the nipples. Six hours post-partum the nipples are washed with green soap and water, then alcohol, then boric solution, next a soothing ointment is put on and covered with sterile gauze held in place with adhesive straps tied across. These straps and application of ointment are kept on for at least three weeks or more. Before and after nursing the nipples are wiped with boric solution.

In fissured nipples Friar's Balsam, Balsam of Peru, silver nitrate or

ointment are applied. Where ineffective, rest, with breast pumping or electric pump for 24 hours, or more, is very good.

In caking, a tight binder plus ice and restricted fluid is generally effective. Proper and immediate treatment make abscess a thing of the past.

The newborn: Due to the modern conception of the principles of asepsis and the better care of the newborn, great strides have been made in infant welfare. Good nursing, together with regular feeding and the advent of the pediatrician renders remote "the walking of the floor all night with the crying baby." This is particularly true where the baby has gone through the regular routine of a first class hospital, so that the good technique observed can be carried out at home.

Jaundice: The number of babies developing jaundice has diminished considerably. Keeping the baby warm after birth plus saline enemas in conjunction with a cathartic seems to help clear away the condition.

Rashes: Undesirable, worrying rashes still break out sporadically in the best of hospitals, the etiology of which is still obscure, but we must always consider the transference of infection from "carriers of infection from one part of the hospital or home to another." The most frequent carriers are doctors, internes, nurses or nursery supplies. Varying strengths of lysol solution are considered responsible sometimes. Prophylaxis is partly a perfect aseptic technique. Immediate isolation, opening and cautery of blebs and dry treatment early, seems most effectual.

In intracranial hemorrhage absolute quiet with rest together with early lumbar puncture is both diagnostic and therapeutic, plus transfusion or other blood coagulant.

Pneumonia can be prevented by a properly conducted post-natal stage, by seeing that the newborn is subjected to a minimum of exposure. The baby should be wholly covered in woollens beside a hot water bottle. "Its own body heat must be conserved." Too many nurses consider that the baby's head must be exposed after birth. Aspiration of infected amniotic fluid in premature rupture of the membranes sometimes causes pneumonia but aspiration of nose and throat mucus immediately after delivery does also. In mouth to mouth insufflation during resuscitation sometimes mucus is blown down into the lungs. These lurking dangers must be considered and prevented.

Premature babies should receive practically no handling whatsoever: wrapped in a cotton jacket, surrounded with hot water bottles, in a room of even, warm, moist temperature. They are best oiled daily in their cot, not bathed, with gauze dressing used as a diaper and this replaced when necessary. They are best fed with a Brecht's feeder, breast milk diluted accordingly. Emphasis must be laid on the necessity of no handling. An oxygen tank should be kept at hand.

Better obstetrics comprises everything for the prevention of antenatal, parturitional and puerperal disasters: better teaching; better practice; better hospitals; better nursing; and the best recognition of the strides made in obstetrics. We are slowly working up to these things.

Vignettes from the History of Nursing

By members of the School for Graduate Nurses, McGill University, Montreal, with introductory note by MAUDE E. ABBOTT, M.D., Lecturer on the History of Nursing. (Continued.)

V

THE ANGLO-SAXON NUN, LIOBA

By MIRIAM L. GIBSON, Toronto, Ont.

Among the women who came to Germany from England and settled there at the request of Boniface in the eighth century was Lioba, otherwise Leogith, who had been educated at Wimborne, in Dorset, at no very great distance from Nutshalling, where Boniface dwelt, and who left England between 739 and 748 A.D. She was related to him through her mother, Aebbe, and a simple, modest little letter is extant, in which she writes to Boniface and refers to her father's death six years previously: she is her parents' only child, she says, and would recall her mother and herself to the prelate's memory. "I have composed the few verses which I enclose according to the rules of poetic versification, not from pride, but from a desire to cultivate the beginning of learning, and now I am longing for your help. I was taught by Eadburg who unceasingly devotes herself to this divine art."

From the account of Lioba's life by the monk Rudolf of Fulda we learn that Lioba at a tender age had been given into the care of the Abbess Tetta at Wimborne. She grew up so carefully tended by the Abbess and sisters that she cared for naught but the monastery and the study of holy writ. She was never pleased by irreverent jokes, nor did she care for the other maidens' senseless amusements; her mind was fixed on the love of Christ and she was ever ready to listen to the word of God. In eating and drinking she was so moderate that she despised the allurements of a great entertainment and felt content with what was put before her. When she was not reading she was working with her hands, for she had learnt that those who do not work have no right to eat.

She had a prepossessing appearance and engaging manners and secured the goodwill of the Abbess and the affection of the inmates of the settlement.

Boniface's letters are extant to the Abbess Tetta, begging her as a comfort in her labour, and as a help in his mission, to send over the virgin Lioba, whose reputation for holiness and virtuous teaching had penetrated across wide lands and filled the hearts of many with praise of her.

This request shows that Boniface thought highly of the course of life and occupation practised in English nunneries, and that he considered English women especially suited to manage the settlements under his care.

Boniface now arranged monastic routine and life according to accepted rule, and set Sturmi as Abbott over the monks and the virgin Lioba as spiritual mother over the nuns, and a monastery was given into her care.

Lioba's pupils were sought as teachers elsewhere. Lioba was a woman of great power and of such strength of purpose that she thought no more of her fatherland and of her relations, but devoted all her energies to what she had undertaken, that she might be blameless before God, and a model of behaviour and discipline to all who were under her. There was neither conceit nor autocracy in her attitude or methods; she was affable and kindly

without exception towards every one.

In all her actions she showed great discretion and she is said to have thought over the outcome of an undertaking well beforehand in order that she might not afterwards repent of it. She was aware that inclination is necessary for prayer and for study, and she was therefore moderate in holding vigils. She always took a rest after dinner, and so did the sisters under her, for she maintained that the mind is keener for study after sleep.

Lioba went to stay with Boniface at Mainz in 757 A.D. before he went among the Frisians. He presented her with his cloak and begged her to remain true to her work whatever might befall him. Shortly after he had set out on his expedition he was attacked and killed by heathens.

Noblemen receive Lioba, bishops gladly entertained her and conversed with her on the Scriptures and on the institutions of religion, for she was familiar with many writings and sagacious in giving advice. She had the supervision of other settlements besides her own and travelled about a great deal. After Boniface's death she kept on friendly terms with Lul, who had succeeded him as Bishop of Mainz, and it was with his consent she finally resigned her responsibilities and her post as Abbess, and went to dwell at Schornsheim, near Mainz, with a few companions. At the request of Queen Hildegard she once more travelled to Aachen where Karl the Great was keeping court. But she was old, the fatigues of the journey were too much for her and she died shortly after her return in 780 A.D. Boniface had expressed a wish that they should share the same resting place and her body was accordingly taken to Fulda, but the monks there, for some reason now unknown, preferred burying her in some other part of the church.

VI

LIOBA

By HAZEL CAVE, Beaverton, Ont.

Lioba was educated at Wimborne, Dorset, quite close to Nutshalling where St. Boniface lived, at whose request she left England between 739-748 A.D. to go to Germany.

She was related to the prelate through her mother, and in a letter which is extant she tells him she is an only child and asks for his help and good approval, enclosing some verses which she has written and saying she had been taught by Eadburg, who devoted her time to teaching.

The monk Rudolf at Fulda, in 865 A.D., writes an account of Lioba's life, from which we learn that when very young she was sent to the Abbess Tetta at Wimborne and became devoted to the monastery and the study of holy writ, living a very simple and religious life.

She was very attractive and polite and very much beloved by all in the monastery.

A dream in which she saw a purple thread of indefinite length issuing from her mouth was interpreted by an aged sister to mean coming influence.

To Lioba, Teela and Cynehild, St. Boniface wrote asking for the support of their prayers, and later, when he wished to found another settlement, he asked that Lioba be sent over to assist him at Fulda, as he had heard of her holiness and virtuous teachings.

In a letter written from Rome in 738 A.D. St. Boniface refers to English men and women who join him from time to time, and one who travelled under the priest Wichtberht wrote to Glastonbury telling of their safe arrival and honourable reception by St. Boniface and asks that Tetta of Wimborne may be told. It is thought probable that this was Lioba.

Sturmi was made abbot over the monks and Lioba spiritual mother over the nuns, and they gave into

her care a monastery at Bischofsheim, where she taught a large number of women divine knowledge, many of whom afterward became teachers in monasteries.

Lioba was of great power and strong purpose and devoted her energies to what she had undertaken, that she might be blameless before God and a model of behaviour and discipline to those under her.

She is said to have been very beautiful. She was neither conceited nor domineering, never taught what she did not practise, was kindly and affable towards all, talked agreeably, her intellect was clear, and she was very capable, was moderate in her expectations and wide in her affections; always cheerful.

She was a Catholic in faith. From childhood she studied grammar and other liberal arts, hoping by perseverance to obtain a perfect knowledge of religion. She read the books of the old and new testaments and committed their divine teachings to memory.

Lioba thought inclination necessary for prayer and study, so was moderate in holding vigils. She insisted on proper rest and sleep that the mind might be keener for study.

In 757 A.D. Lioba went to stay with St. Boniface at Mainz before he went among the Frisians. He presented her with his cloak and begged her to remain true to her work whatever might befall him. Shortly after he set out he was attacked by heathens and killed. His body was brought back and buried at Fulda and Lioba went to pray at his grave, a privilege granted to no other woman.

VII

HROTSWITH OF GANDERSHEIM

By D. McCAROGHER, Montreal

Hrotswith was one of the Anglo-Saxon nuns who went from England to Germany under the rule of Monasticism.

She was born 932 A.D. and was noted for her literary talent—especially the Latin Drama. She probably entered the Nunnery of Gandersheim at an early age and received her education there, mainly under the direction of the Abbess Gerburg. She was a hard worker and attracted outsiders to her work.

Her first legends were dedicated to the Abbess Gerburg after 959 A.D. and a history was written when she was about thirty years old. She was learned in Latin and probably Greek also, as the library at Gandersheim is shown to have contained writings of a number of classical and theological authors. One of her legends is commented on as a probable precursor of many legends of "Faust." Originality is an outstanding point in a series of plays that she composed.

All her dramas point to a great emphasis on chastity as opposed to uncontrolled passion. She was an upholder of women and in order to contradict a great writer of the day, faced unpleasant facts, so that she might point out woman's strength of character and resistance to temptation. The keynote of her work was the conflict of Christianity and Paganism. She pointed out that Christianity was characterized by purity and gentleness in women and Paganism by vigour in men.

Her last work was probably that on "The Foundation and early History of Gandersheim." Nothing was heard of her for several centuries but interest was revived during the fifteenth century and again in the nineteenth.

Hrotswith was characterized by the high ideals of thought, modesty, perseverance and directness of purpose, which underlie all her work.

She stands practically alone in her era. It speaks well for the system of education of the times, which made the development of her remarkable powers possible.

VIII

HILDEGARDE

By FLORENCE H. WALKER, Hamilton, Ont.

Hildegarde was born in 1098 at Bockelheim Castle, near Kreuznach, of noble family. She was always a delicate child but possessed extraordinary mental qualities. At the early age of eight years she was taken to the convent at Disibodenberg to be educated, and at the age of thirty she succeeded to the headship of the convent, which was a double one under the rule of an abbot.

Hildegarde claimed that from early childhood she was the recipient of divine revelations which gave her prophetic insight into the affairs and conditions of her time, and an understanding of many branches of knowledge and religious interpretation, and she was, indeed, finally received on this footing by her contemporaries.

After ten years in charge of the convent at Disibodenberg, Hildegarde moved to Rupertsberg where she founded an independent community of her own under Benedictine rule and where she ruled supreme as Abbess. She was much opposed in this change but felt that in no other way could she fulfil the mission of her life. The labour of moving, however, undermined her delicate constitution and for several years she was practically an invalid, rising later with undaunted courage to attack her task.

Her knowledge was very extensive, including medical science, nursing, natural science, spiritual and religious philosophy. Her understanding of the political condition of her times was so clear-sighted that she foresaw the tendencies of empires and some of the great political upheavals of the future. Her religious writings were most remarkable and she took at intervals long journeys on which she publicly preached and taught. wielding great influence with the most learned people of her time.

But her greatest claim to the attention of the modern age lies in her medical knowledge. Hildegarde was physician rather than nurse. No account of nursing work as such is found in her writings, but it is plain from her biographies that she was a skilled physician to whom many came for help and advice, and to these nursing care must have been given. She wrote two medical books, the "Physica," which was really an early Materia Medica, and "Liber Compositae Medicinae," dealing with the causes, symptoms and care of disease. She foretold autoinfection and seemed to understand the circulation of the blood. She understood the function of the nervous system and of bone marrow, and recognized the brain as the regulator of all vital processes and the centre of life.

These medical works were written when Hildegarde was almost sixty years of age. Besides the two mentioned she wrote others dealing with a variety of subjects, such as hygiene and sexual physiology. "Much was known to her that the other writers of the Middle Ages were ignorant of, and that keen-eyed investigators of our time have found out and brought to light as modern discoveries," according to Reuss.

Hildegarde lived to be eighty-two years of age. After her death an investigation of her life was instituted with a view to her canonization, but this was never officially done, though she is enrolled as a saint in the *Martyrologium Romanum*. The mysticism of the Middle Ages is so interwoven with all available accounts of her life that it is difficult to form a rational view of her real importance and achievements, but there is no doubt that she was the most outstanding woman of her time.

IX
ST. HILDEGARDE

By M. DOROTHEA MacDERMOT,
Montreal.

St. Hildegarde is one of the most famous names among women of the early church. Born in 1098 A.D., of noble parentage, St. Hildegarde, at eight years of age, was educated at the Benedictine Cloister of Disibodenberg. The cloister was at this time ruled over by an abbot and as time went on and St. Hildegarde's ideas grew and widened she began to realize that she had not scope to fulfil her ambitions in her present surroundings. She then petitioned that she might be allowed to form a community at Rupertsberg and she, with eighteen other nuns, migrated to undertake this work. Here she lived and presided over the convent till her death.

This very short sketch of her life gives very little idea of what an extraordinary woman St. Hildegarde was and what an influence she had upon the times in which she lived as well as upon later periods. Living in an age many years before women were considered to be of much public influence in the world, she, through sheer will power and by means of skilful dealing with others, was able to have her power recognized. Perhaps this is somewhat accounted for when we realize what a deeply spiritual character she was. Where others attributed her works and sayings to mysticism or prophecy she accounted for these in an entirely spiritual way. She always maintained that it was a divine will urging her on.

A woman possessing a vast amount of knowledge she wrote many books, some of them now extant and others which have been considered as very valuable scientific works of the Middle Ages. Her close observation of people was remarkable and is seen in her writings. She devoted her life to the care of the sick but included in her work other interests such as writing, travelling, theology, etc. She died in 1179 A.D.

The monument erected by Scotland on Castle Hill, Edinburgh, to her glorious dead, unveiled recently by the Prince of Wales, contains a beautiful tribute in bronze to the nurses, inscribed with the words:

They shall grow not old, as
We that are left grow old,
Age shall not weary them
Nor the years condemn—
At the going down of the sun and in the morning
We will remember them.

Trends of Nursing in Ontario

(The following papers on Trends of Nursing in Ontario were read at the annual meeting of the Registered Nurses Association of Ontario, 1927, and in this issue take the place of the departments of the National Sections, Canadian Nurses Association.—EDITOR'S NOTE.)

I

Nursing Education

By BEATRICE L. ELLIS, Superintendent, School for Nurses, Western Hospital, Toronto

Before presenting some impressions of the trend of education in Schools of Nursing in Ontario, it may be of interest to note that this province, with a population of over 3,000,000, has 135 hospitals, aggregating 12,133 beds. Ninety-one of these hospitals conduct schools for nurses, staffed by upwards of 500 graduate and 3,100 pupil nurses. Approximately 965 nurses graduate annually.

That hospital trustees and the public are keenly appreciative that the efficiency of nursing service is decidedly influenced by comfortable, attractive living conditions is evidenced by the marked improvement in this respect. During the past few years thirteen modern residences, most of which provide single rooms for the nurses, have been opened; nine have made extensive alterations, and nine others have plans for improvements under consideration.

While residence construction and alteration have been in progress, the superintendents of the schools have availed themselves of these opportunities to procure better class-room and demonstrating-room facilities, the necessary equipment, lantern slides, etc., frequently being supplied by interested organizations, such as hospital auxiliaries. Additional provision, in some instances, has been made for reading rooms containing reference libraries which are annually supplemented with the newer text books.

Prospective pupils are making more careful inquiries before committing themselves to a course which, with few exceptions, covers three years; and at the same time are recognizing the importance, both for their immediate training and their future possibilities, of higher entrance requirements. Therefore there is less difficulty in procuring students with two or three years' high school education, while some, with equal ease, require four complete years.

A large proportion of the schools (about 70 per cent.) have a preliminary or probationary period of three months. But three larger schools have within the last three years increased this period to four months, while one previously covering six months has been reduced to four by extending several preliminary subjects into the junior term.

Educational schools presuppose the necessity for qualified teachers and standard curricula. Less than 50 per cent. of the schools for nurses in Ontario have instructors devoting the major part of their time to teaching, although some have increased their staffs to include two full-time instructors, and in other instances, where such a teacher has not been possible, or considered necessary, two schools share the services of one advantageously. However, about 90 per cent. of the schools have assistant superintendents who assume much of the responsibility for the carrying out of the educational pro-

gramme. A comparatively small proportion of these teachers are specially qualified, except by experience.

We are told that professional schools must combine technical knowledge with the frequent repetition of methods which is essential to skill. The latter, being of paramount importance and demanding most of a student nurse's time, cannot be intelligently performed, therefore is uninteresting unless associated with the former. Further, these methods of procedure must be of a comprehensive variety, for as the field of preventive and curative medicine rapidly develops the opportunities and obligations of the nursing profession are increased.

The minimum curriculum prepared by the Inspector of Training Schools and an Advisory Committee, suggesting a didactic course of instruction, and forming a basis for subsequent provincial examinations, has been gratefully welcomed by the schools and, for the most part, consistently followed. It was the endeavour of the committee to "emphasize the art of nursing" which is indisputably borne out in practice. For while the majority of our nurses spend about 8,000 hours during their course in the performance of various hospital duties, the time assigned to theoretical work ranges, according to various schools, from 300 to 600 hours, or less than from 4 per cent. to 8 per cent., almost one-half of this entire time being assigned to the preliminary and junior terms when the student is inexperienced in hospital procedures. Could we offer less and call it education?

Efforts are being made to utilize to better advantage the unique opportunities which hospital wards afford for teaching. The necessity for close supervision of methods, especially in the junior year, is being stressed, some of the more fortunate schools having supervisors who devote their entire time to these students, arranging to have each individual student demonstrate all treatments taught under supervision.

The co-ordination of class-room instruction relative to various diseases is in some cases being effected by small clinics conducted by a member of the teaching staff or a head nurse.

The practice of mimeographing or printing hospital procedures, copies of which are given to all students and also placed in all wards, aids in standardization of methods, and is being used in many schools. Case studies are in the experimental stage, but where used are being found valuable adjuncts in teaching and impressing necessary information. Forms suggesting a history of a disease, including predisposing causes (such as occupational, social, etc.), hospital findings and diagnoses, treatment, etc., with especial emphasis upon the nursing care, are given to the students, and a certain number of cases assigned for study. These studies are discussed in the wards with head nurses and the entire plan supervised by an instructor.

Regulations for the conduct of schools for nurses outline the minimum length of time which each student should spend in the various hospital services, viz., medical, surgical, obstetrical, children's and communicable diseases, etc. There would appear to be a marked disparity in this regard; most general hospitals having a large surgical service, some only a limited medical service, while many have no definite service for children or communicable diseases. This fact is doubtless responsible for the lack of knowledge of these last mentioned subjects, shown by some students in the provincial examinations. Nor are the schools inconsiderate of these deficiencies, sincere efforts being made to supply the lacking experience through affiliations. These, unfortunately, are not available to a sufficient extent in this province, the hospitals giving such being taxed to capacity.

Superintendents of nurses find case records of value in endeavour-

ing to maintain a balanced experience, as well as affording a summary of practice for the students. Such a report, kept by the student herself, contains a list of the various diseases or operations assigned to her care, and is summarized at the end of each month.

Student nurses should be assured that the schools which receive them for their education will also be able to give complete and accurate reports of the content of such education, the standing obtained, and all other information influencing the student's future career. This has been greatly facilitated by the standardization of training school records, which recommended forms are now being used by sixty of the schools.

High schools and technical schools with qualified teachers and well-equipped laboratories have, in many instances, been approached, and are co-operating by providing courses for nurses in chemistry and dietetics. With the increased importance of Dietotherapy, many are also recognizing the necessity for increasing instruction in this subject, both theoretically and practically.

There is a general manifestation of interest and desire for both instruction and practical experience in public health work, many schools availing themselves of such contact as is possible. But here again the supply of supervised experience does not meet the demand, and there is grave danger of erroneous ideas and methods resulting where supervision is absent. One centre has felt that the foundation for this work should be laid in the junior year, by a short course of lectures associated, if possible, with observation of methods. This has been supplemented in the Toronto General Hospital by ten lectures on the theory of Hospital Social Service. Later, in the third year, the students are given an intensive course of one month, during which time both practice and theory are covered.

The organization of a Public Health course, of four years, in connection with the School for Nurses, Toronto General Hospital and the Public Health Department of the University of Toronto makes a decided advance in the preparation for this important branch of nursing. This course is arranged as follows:

First Year—University of Toronto —8 months; School for Nurses, Toronto General Hospital—4 months.

Second Year—School for Nurses, Toronto General Hospital — 12 months.

Third Year—School for Nurses, Toronto General Hospital — 10 months.

Fourth Year—University of Toronto—10 months.

This qualifies the student for the diploma of the School for Nurses of the Toronto General Hospital and the diploma of Public Health Nursing from the University of Toronto.

The number of hours of duty required of nurses, though improving, is not ideal. A fair proportion of the schools average from 50 to 58 hours weekly, but many continue to far exceed this number. Vacations range from six to twelve weeks, during the three years, the majority giving six weeks.

It is the usual practice to have all students receive a complete physical examination before being enrolled as members of the school, some recognizing the advantage of having this examination soon after admission, leading to early elimination of those physically unfit. But few have more than one routine examination. Many schools are making use of health records and weight-charts, the latter being posted monthly. In addition to vaccination against smallpox and inoculation against typhoid fever, which are more or less common for all students, some have added routine tests for scarlet fever and diphtheria.

That progress is not commensurable with our standards is largely

due to the unsound financial basis upon which the system is established. These schools are not endowed, nor do they receive municipal or provincial appropriations, but depend on such support as can be given by their respective hospitals, most of which are struggling to avoid deficits. Hence the appointment of instructors, supervisors or head nurses (necessary for the care of the patient as well as the education of the nurse) has frequently to be denied for monetary reasons.

There is also apt to be a misconception of the function of such schools, the tendency being to consider the pupil nurses not as students but rather as an economic means of hospital service where the educational feature should be suppressed as much as possible or only participated in when convenient.

We are confident, however, that the same indefatigable spirit of service which has actuated our leaders in the past, and to which we owe our present professional status, will continue to guide us wisely in the ever-increasing responsibilities.

II

Private Duty Nursing

By HELEN CARRUTHERS, Chairman, Private Duty Section, Registered Nurses Association of Ontario

Though private nursing has become the most lucrative and is generally regarded as the most attractive, it is certainly the most criticized branch of the profession. People are apt to grow irritable under the idea that they are called upon to pay for being ill and consequently the nurse shares with the family doctor the general dissatisfaction when bills have to be met.

The active old lady, seized with influenza, who is persuaded by her friends to have a trained nurse, cannot reconcile herself to the luxury. She thinks her fee, with very generous board, "a preposterous charge" for the privilege of having her temperature taken, her back rubbed and being washed between blankets by a three years' certified lady in immaculate uniform. She broods in bed over the days of her youth when "good faithful Mary" nursed everybody in the family when they were ill, and sat up at nights without a grumble. She did not keep a man and a horse constantly going to the country town for unnecessary things, she did not want servants to wait on her and she was grateful for proper wages. And so the invalid extols the old and denounces the new. When the day for nurse's departure comes, the convalescent sings her Te Deum over the tea cups: "My dear, I was never so thankful in all my life as when I saw that woman go out of the house. Why, she objected to my measuring the brandy with my own teaspoon." If the same old lady had watched nurse pull an idolized son through typhoid fever, she would have sung a Te Deum in a different strain.

It is people suffering from small ailments who are usually so impatient at the demands of the trained nurse. During the first epidemics of influenza, when, if a member of the family sneezed, a nurse was telephoned for, the profession reaped the aftermath of adverse criticism. In many cases skilled nursing was not needed, yet the usual fee must be paid and chagrin at the unnecessary outlay was heaped upon the nurse's innocent head.

The rebound from the discomforts endured at the hands of the Gamp class led to an unreasonable expectation with regard to the modern nurse. People are so astonished if

she is not an absolute paragon of perfection. The general cry of patients and their friends is for a nurse with a sweet, sympathetic face, a melodious voice, noiseless manner and pacific demeanour. She must be willing to take advice from older people, not intrude her own opinions, be conciliatory to the servants, do without off time and sleep, if circumstances require it. Of course, she is expected to nurse the patient well, but take advice of the family as to what he should eat.

Still, though the modern nurse is in many respects a victim to unreasonable expectations on the part of the community, it cannot be denied that there is some ground for the strictures levelled at her. To be a private nurse is a severe test of character. The woman who is one month pampered and petted in the mansion of the rich, and in the next is called to nurse amidst the small economies of a struggling professional man's home, is apt to lose balance of judgment and treat her poorer patients to the imperious airs and unsympathetic attitude of which one hears so much. The constant change from place to place, family to family, is apt to induce an unsettled disposition and the desire to get the best for themselves out of everybody breeds intolerable selfishness in some nurses.

One finds it difficult, however, to take seriously the people who affirm that Sairey Gamp was, on the whole, a more satisfactory person than the modern trained nurse. The treatment of disease is absolutely changed since those "good old times," nursing now plays such an important part in the recovery of the patient that doctors seem each year to demand greater efficiency on the part of the nurse.

Nursing is not a mechanical work for which hard and fast rules can be given to guide one in an unerring road. It is an ever-varying work, each physician and surgeon bringing the results of his own particular studies to bear upon the individual patient; therefore, one is required to keep an open mind and to guard against taking a narrow view of things. Nursing, like all other arts, is progressive: the facts of today will yield to the knowledge of tomorrow; nothing human is final.

Aseptic technique in surgery has added to the work of the nursing service, requiring trained attendance and careful attention to detail in the preparation for dressings and treatments. Specialization in medicine means specialization in nursing.

One cannot put back the hands of the clock or stem the progress of medical science, and the nurse in her highest function is the co-operator with the doctor. If anything goes wrong with the patient, the nurse has usually to take the blame. The private nurse does not require less but more training. The majority of complaints made against private nurses are in relation to character and behaviour, and rarely have to do with technical skill. The brilliantly certificated graduate of a great hospital school for nurses has much to learn and unlearn before she can successfully nurse people in their own homes. A patient's home cannot be made into an up-to-date hospital, and the successful nurse must stoop to makeshifts.

Private nursing must be viewed from the broad, national standpoint, and the bitter cry of the middle classes that they shall not be left in a worse position in time of sickness than the class below them is one which the 20th century has to face. The people who help to support hospitals and who pay rates for institutions and asylums, where the indigent poor have the best medical skill and nursing free, and the doctors and nurses obtain their training, have a decided grievance in the present position of things. The via media between paying high fees for home nursing or accepting the aid of charitable institutions has yet to be worked out.

Before the Christian era neither doctors nor nurses were in fashion. To quote one of Florence Nightingale's terse sentences, "Christ was the author of the nursing profession." In pagan times those who had knowledge of the healing art practised it under the cloak of mystery. The sick and infirm were looked at askance as people suffering from the disfavour of the gods and therefore removed from the plane of sympathy. The doctrine of the survival of the fittest was concurred in with brutal stoicism and the individual left to pay the penalty of nature unheeded and uncared for.

Some changes might be noted that have taken place during the past thirty-five or forty years. At that time some of the pupil nurses were sent out to private homes and the fee collected by the hospital. A number of the nurses present may have heard the story of a pupil nurse who went out from the old Toronto General Hospital to a farm house near Woodstock, Ontario. When she arrived she found two children and a maid very ill with diphtheria. Very soon the maid and one child died. The mother, for some unknown reason, left the house and the father took to drinking and became a victim of D.T.'s. Naturally the nurse was very much alarmed, she was so afraid the man would set fire to the house. One night, quite late, when he seemed to be settled for a little and the sick child was asleep, she walked half a mile across the snow-covered fields to a farm house where two strong men lived. After considerable knocking she aroused them but was unsuccessful in persuading either of them to come to her rescue, so she started back to her patient, shedding a few tears on the way. The doctor lived six miles away and in those days there was no telephone nearby. The nurse felt she must get word to the doctor in some way and so decided to write a note, asking him to give the man a good dose of bromide, etc. But what if he should read the note and decide not to go to the doctor! She found an empty medicine bottle, put a little note in it and asked the man to go quickly to the doctor and get some medicine. He went to the barn, hitched up a two-year-old colt that had never been in harness before and raced round and round the house for fully half an hour. Imagine the nurse's feelings! At last he started off to the village and after considerable time he arrived home. Between the fresh air, exercise and the doctor's medicine, he was much more sober and in a few days was quite straight. I wonder just how many of the young nurses in training today, or even out of training, would stand up against such an experience as this. That was surely a test of character.

When the nurses finished their training, there was no registry for them to join or through which their calls might be placed. It was the rule for a number of them to go together and open a nurses' home, and the doctors and others called as required. In the early days there was no picking and choosing. All nursing was practically twenty-four hour and to go to a hospital to "special" a patient was very rare. At this time the fees were fourteen dollars per week. A little later they were raised to fifteen dollars, then to eighteen and afterwards, twenty-one dollars, at which figure they remained for some years.

Last year a man in a middle western town cheerfully paid the local rate of six dollars a day, saying that if the nurses were not worth fifty cents an hour he would not want them for such important work as nursing his wife. He stated he paid forty-eight cents an hour to the cheapest man in his shop.

Now in nearly every town or city, where there is a hospital, there is a nurses' registry through which the nurses receive their calls. It is open day and night to the hospitals and general public. The last few years have shown that the greater number

of calls for "special" nurses are to the hospitals. This may be explained in several ways. People are being educated to go to the hospitals when they are ill. So many live in apartments that there is not always sleeping accommodation for a nurse. The "help" question is also to be considered. If a patient is seriously ill and requires the watchful care of a graduate nurse, she is not able to look after the house or prepare the meals. Then again, nurses are not trained to be housekeepers; they are taught to nurse the sick.

Doctors are realizing more and more the advantage and benefit of having a graduate nurse in attendance for at least the first few days and nights after an operation. They know their orders will be carried out accurately and promptly and any unfavourable change noted and reported at once. It is impossible for student nurses, who must receive time off and attend lectures, to give the necessary attention to half a dozen critically ill operative cases on the floor at one time. A patient's convalescence is hastened, particularly that of a nervous, highly strung type of person. Those who enter a hospital for the first time, perhaps against their will, are bound to make a quicker and better recovery if a nurse is with them day after day. They do not get lonesome and blue, as they no doubt would if closed up in a room all alone. We all know that, even during the past five or ten years, patients do not stay in hospital nearly as long as they did previously. Some wonder why and how this is. It may be explained to a certain extent by saying that practically everyone who undergoes an operation in our hospitals—certainly a major one and many minor—has a "special" nurse for several days and nights. In this way they get a good start and in very many cases the patients leave the hospital in two, or at the most, three weeks.

One of the great advantages in private duty nursing is the latitude the nurse may have in choosing her field, and her freedom to change it as often as she desires. Her inclination and adaptability may make her happier or more valuable in one field than another, but doubly blest is the nurse who can work in different fields and find interest and contentment in all. Private duty nurses, like farms, improve with the rotation system, even though the change may be only from hospital to home nursing or from one's own hospital to another in the same city: the change will keep off the great bugaboo of the nurse—that of falling into a rut.

May I quote from the March, 1927, issue of The American Journal of Nursing:

"'The old order changeth' is the inexorable law of life. It is the law of all progress. It is the operation of this law that is causing both grave anxiety and hope in the hearts of private duty nurses at the present time. The distress of those who dislike change is acute. The hope of those who believe that conditions should be changed is based on a number of factors, some of which are beyond the control of the nursing profession.

"Time was, and not so long ago, when private duty nurses were busy in the autumn, for the annual wave of typhoid, a disease that has always roused the fighting instinct and tested the mettle of nurses, made many prolonged demands. Today typhoid, although unfortunately not extinct, is a negligible factor in the employment of nurses. Witness the long, long lists of waiting nurses on our registries every fall. The science of public health, working always to keep well people well, has reduced the incidence of some other diseases in almost as spectacular a fashion, and medical nursing is 'not what it used to be.' Indeed not. It is still concerned with all the old

values, to be sure, but it is also concerned with disorders of metabolism, the degenerative diseases and, increasingly, with conditions involving mental health. Long, 'interesting,' acute cases are becoming a thing of the past for the private duty nurse. The new cases are, to the initiate, equally interesting, though far less spectacular, and relatively few nurses have yet really qualified for them.

"Nor is it only in the medical field that the picture has changed. The art and science of surgery grow apace, growth that includes not only marvellous technics but has brought about sharp reductions in the time of convalescence, and the hospital special has many short cases instead of a few long ones throughout the year.

"Fortunate indeed it is for humankind that these things are true, but their influence on the practice of private duty nursing is not to be ignored.

"What is to be done for the tremendous group of private duty nurses who, whether they will it or not, are like the nurse who spent one third of the year in enforced idleness? It is a high price to pay for the cherished independence that is the lure which keeps many nurses in private duty."

From the original branch of nursing, namely, private nursing, there have developed several forms, for example, district nursing, school nursing, industrial nursing and hourly nursing. This latter is proving of great value in homes where a graduate nurse is not needed for more than an hour or so each day. In many cases members of the family are able to carry on quite nicely after the nurse has made her visit, giving a bath and any treatment ordered by the doctor. These hourly nurses are not connected with the Victorian Order of Nurses or other District Nursing Associations, but go out from regular nurses' registries as requested. Some nurses have worked up quite a practice in this particular line.

Although the Registered Nurses Association of Ontario, previously the Graduate Nurses Association of Ontario, has existed for twenty-three years, it was not until the year 1919 that any effort was made to have the private duty nurses take an active part in its affairs. A request was sent in to the Graduate Nurses Association from the Central Registry of Graduate Nurses, Toronto, asking that the private duty nurses have representation in that body as a Standing Committee. This request was granted and a convener of a Private Duty Committee appointed. In 1920, representation in the Canadian Nurses Association was granted. Since that time the Private Duty Section has been one of considerable activity and the nurses are today taking a greater interest in nursing affairs than ever before.

In the spring of 1922, the Extension Department of the University of Toronto was approached and arrangements made for a short Refresher Course for private duty nurses during the week of August 13th to 18th. For four successive years such a course has been conducted in Toronto and nurses have attended from all parts of the province. Quite a few Canadian nurses practising in the United States planned to be in Toronto during the Extension Course week and attended the lectures. The week proved to be a very busy one, as after attending lectures from nine to twelve each morning, the afternoons were mostly spent at the four university hospitals. In all, about eight hundred nurses have attended during the past four summers, and when we consider how very hard it is for private duty nurses to arrange their time to be in a certain place on a particular date, we feel something has been accomplished. The subjects were chosen by the nurses and also some of the lectures, and as far as possible, the Extension Department

of the University met our wishes. A number of cultural subjects were taken up as well as those relating more particularly to our own work, and were very much enjoyed and appreciated.

The question of nurses carrying insurance against accident and sickness was looked into soon after the organization of the Private Duty Section. Up to that time few of the nurses were protected in this way. As a result of negotiations, several hundred nurses now carry insurance and many have benefited thereby when they have been unable to work because of illness or accident. It seems that every private duty nurse should carry insurance. Every day she is idle means that no income is received, and where can we find many nurses who can afford to be idle for any great length of time?

Not only are nurses now carrying accident and sickness insurance, but a goodly number have taken out Endowment Insurance. It means a saving of a specified amount each year, and what a splendid thing it is to receive in a lump sum one or two thousand dollars at the end of fifteen or twenty years! If we live to receive this amount personally, so much the better: if not, it may add considerably to the comfort of those who were to a certain extent dependent upon us.

Private duty nursing will be far from humdrum if the nurse plans ahead, providing for recreation, post graduate work, travel and new fields. Her life will be full of colour, her days and nights of service will not all be hard, but will be full of interest.

III

Public Health Nursing

By EUNICE H. DYKE, Director, Division of Public Health Nursing, Department of Public Health Nursing, Toronto

A true and complete interpretation of public health nursing trends in this province is very difficult to secure. When the public health councillors in our ten districts combine to collect the essential facts, and when amongst them we find a nurse with Florence Nightingale's ability "to see the facts and figures with piercing clearness," the association may hope to have a true interpretation of public health nursing trends in Ontario. The district councillors of this year were not given an opportunity to report the essential facts for their districts, and the chairman of the section confesses to failure in interpreting the essential facts within her own limited field of vision. It is necessary that the pronoun "I" appear in the report, because conclusions are advanced that may not be endorsed by the section. We should continue to seek the complete interpretation both as a guide to the many nurses struggling alone towards unknown goals and as a source of information for our historians.

The Canadian Nurses Association included under the title "public health nurse" all nurses who are not employed within hospital walls or as private duty nurses in homes. The Ontario nurses accepted that grouping. The list is long; it includes visiting bedside nurses, industrial nurses, school nurses, child welfare nurses, tuberculosis nurses and nurses doing medical social work in connection with hospitals. The intention is clear, although the terms applied to the various workers have changed with the changing organization of their service.

What are the distinguishing marks of the public health nurse?

A member of this obscurely named group is not resident in the institution receiving the patient or in the home of the patient. Her association with the patient is seldom limited to the period of his illness. The patient and his family are in contact with the public health nurse for brief periods of the day or week, and require knowledge or help to act independently of her. Frequently he is better described as a client rather than a patient.

Attempts have been made to exclude visiting bedside nurses from the group of public health nurses on the ground that the individual receiving the service pays for that service in part or in full, as the hospital or private patient pays for nursing service. It has been stated that her work is limited to the care of the patient in illness and cannot be described as health work. The public health nurse claims the visiting bedside nurse because the problem of developing a technique adequate to deal with clients or patients requiring a teaching service is their common problem.

The advisory or teaching emphasis in the work of the public health nurse is the thing that distinguishes her from the hospital or private duty nurse of today. The word "emphasis" is necessary since her work may be different only in the degree of its teaching quality. The public health nurse is called upon to teach people how to maintain or recover health, and, incidentally, what to do when they become ill. Every visit to a home finds an individual lesson given with more or less teaching skill. In the school the nurse teaches health habits by the individual or group method and organizes courses in the care of infants for adolescent school girls. She lectures to Girl Guides, church clubs and groups of industrial workers. An important business organization in Toronto is demonstrating the possibility of training selected members of its staff to teach home nursing to groups of girl employees under the guidance of the industrial nurse. A few are born teachers, still others are prepared for their teaching duties, but all must attempt to teach.

The sincerity of her response to the new challenge is shown in her efforts to secure new information and to learn new methods. May I suggest that the historians of the Nursing Education Section should compile the records of the efforts made by pioneer public health nurses and groups of public health nurses in Ontario to supplement the preparation of the hospital school, and that it should be compiled before those isolated efforts and the women who made them are forgotten? The special courses for public health nurses established in two universities of the province are the result largely of the conscious demand of these nurses for a preparation that the hospital school could not give.

Scholarships have been granted for the university course by hospital trustees, by the Board of the Victorian Order of Nurses, by the Ontario Branch of the Canadian Red Cross Society, and by associations of nurses themselves. It may be assumed that the parents of the remaining nurses graduating from the university departments have been aware of the value of the additional effort. The universities have included these departments in their annual budget. Since only 297 nurses have graduated in the past seven years from these two university departments we must recognize the fact that the majority of nurses doing public health work in Ontario today are facing new tasks with the handicaps of the earlier pioneers.

Are employers aware that special qualifications are necessary for the public health nurse? How many industries employing nurses apply to the university departments? So far as I know, only two public health organizations in Ontario require special training for all their nurses before appointment, and I believe

that not one makes provision for the training of its nurses after appointment.

My conviction is that to convince the employers of the public health nurse that she needs more preparation than the hospital school can give we must first convince the private physicians of the province. The family physician is the natural advisor to whom city councils, school trustees, employment managers and members of visiting nurse boards will turn when they are seeking nurses. Every medical student graduating from the Toronto School of Medicine spends one month with the city Department of Public Health. A special responsibility seems to rest with the nurses of that department to enlighten these physicians of the future. Is it necessary to wait until the medical profession develops the practice of preventive medicine to convince physicians that the public health nurse must do work essentially different from that of nurses limiting their interest to the care of the sick?

In studying the question of the supply of public health nurses and their preparation we have reached the following conclusions: There is abundant evidence that the public is turning to the nursing profession for information about the maintenance of health and the care of the sick. After appointment, if not before, nurses realize the limitations of their preparation. A beginning has been made in providing the special training required. Employers of public health nurses are influenced in their choice of staff by the private physicians, but the medical profession is not fully aware of the changing emphasis in the practice of nursing. With the private physician as our point of attack we will need all our combined forces, and the private duty nurses are our most powerful unit.

How does the public health nurse find her work, how does she organize that work, and how is she relating it to that of other professions in the community? The first public health nurse of the province emerged from the visiting nurses appointed to give bedside nursing care under the direction of the general practitioner, in the homes of individuals. The next was found amongst those appointed to visit tuberculosis clinic patients in their homes. Following closely came the school nurse and the child welfare nurse with more clearly defined teaching functions. For a time the policy of limiting all but the visiting bedside nurse to a special disease or age group was followed generally. The present tendency appears to be to assign the public health nurse to a group of families living in a defined area or connected with an industry, and to expect her to be their general health adviser. In addition to a purely teaching service, she may be expected to give bedside nursing care with the help of the family unless the patient's condition requires a resident nurse or attendant. The early public health nurse entered the homes of the poor only. The present demand comes from the homes of poor and rich alike, whether the type of service she gives calls for payment from a public or a private purse.

This trend towards a generalized rather than a specialized form of organization may be accounted for in different ways. It conserves time and money; it unifies the efforts of physicians and others interested in a family; and it is the only possible plan of organization in the small community which does not need two public health nurses. I believe that the tendency is a permanent one because it is in harmony with the natural impulses of the women doing public health work. The physician may be interested in surgery, tuberculosis, venereal disease or mental hygiene, and in research in those fields. The nurse may appear to share that interest, but is her real interest not in **her** operating room, **her** clinic or in **her** families that are hampered by tuberculosis, venereal disease and maladjustment due to

mental causes? The response of the woman is to the patient, the family, the district or the city that is **hers**—never to a disease. Disease present or as a future possibility interests her only as it may affect the people for whom she is responsible.

Problems of the adjustments of her generalized work to physicians and institutions concerned with special diseases and age groups have been solved and will continue to be solved by her interest in individuals and their human relationships. In large cities as well as in country districts she will find a way to permit one nurse to combine the care of the sick member of a family with the instruction of that family in the laws of health. She will exclude other workers from the home, or invite them to enter for a specific purpose. When she has accomplished that end the progressive private physician will be given the opportunity he seeks to practise preventive medicine, and will be paid by his families for doing so.

Parallel with the tendency to combine all the nursing services required by a family in the person of one individual nurse, we find that efforts are being made to enlist the services of other professional workers in behalf of those families, and to acquire the knowledge and skill of those professions for use when necessary. The nurse shares her knowledge of health habits with the teacher in order that the lessons may be repeated, and helps the teacher to organize Junior Red Cross clubs, with their emphasis on health as an essential of good citizenship. The teacher is called upon to share her knowledge of teaching methods with the nurse. The social worker is introduced to a home when conditions call for insight or assistance which the nurse cannot give. Social worker and nurse hold conferences that each may learn to detect the early signs of abnormal physical or social conditions and report each to the other. The nurse applies on behalf of her families for the bursaries providing the services of an occupational therapy aide in the home or in the sheltered workshop. Families are encouraged to imitate the methods of the occupational therapy aides. A recent development of outstanding importance since it enlists the active participation of the household science profession in the general public health movement, is the establishment of a Visiting Housekeepers' Centre in Toronto. Step by step committees of household science workers, social workers and nurses are guiding this experiment.

Public health nurses as a group are identifying themselves with allied professions which can contribute knowledge of service essential to the maintenance of the health of individual families. A recent luncheon of health agencies in Toronto included representatives of the medical, dental, nursing, household science, occupational therapy, physical education and social work groups. The subject under consideration was the formation of a Council of Health Agencies for the city. The chairman was the president of the Academy of Medicine. No action was taken, but the consciousness of a common task was evident.

What is the influence of the public health movement upon the standard curriculum of the hospital school? The public health nurse returns to her hospital school and says, "You taught me how to care tenderly and skilfully for the sick. Who will teach me how to keep well myself and to share that knowledge with others?" She finds she must know more about essential health habits and the establishment of those habits in the young child. She needs a knowledge of mental hygiene. Her skill in caring for the sick proves to be a means to an end rather than an end in itself. Her skill in operating-room work is soon lost through lack of use. Above all, she must learn how to transmit her knowledge to others in such a way as to cause them to modify their course of action. In

addition, the public health nurse must interpret the needs of the community to other professional workers and to those who may modify environmental conditions of the underprivileged and ill-informed members of the community. In a recent paper discussing Florence Nightingale's ability to use her experience to interpret the needs of soldiers and civilians, Miss Nutting says of the nurses of today, "They penetrate into homes, and into the lives that these homes may so vitally affect, more deeply and more continuously than any other body of workers. They could speak from the most searching and extensive first-hand experience, but their voices here—except in isolated instances as in many other relationships—are, as yet, muted instruments." It is not surprising that the superintendents of hospital schools who are sharing in the public health movement are considering whether the present standard curriculum of the hospital gives the best possible foundation training for the public health nurse. The course for public health nurses established last year by the University of Toronto and the Toronto General Hospital will demonstrate the value of the hospital experience for students selected at the outset of their four years' course on the basis of their personal qualifications for public health work.

The emphasis placed by public health nurses upon the maintenance of health, and the steady progress of the private physician and the private duty nurse towards a preventive service, is causing the superintendents of hospital schools to question the standard curriculum as a preparation for the private duty nurses of today. A committee was formed recently in Toronto to consider methods of interesting the students of the Toronto schools in their own health and the health of others, as well as in the care of the sick.

Many resident nurses have been teaching health to the families of their patients without any appreciation of that incidental service on the part of the private physicians or the families employing them. The development of a group of nurses within the profession whose first duty is to teach health has resulted in public appreciation and support for that service when it is provided by an organization established for the purpose. The next step appears to be to create public appreciation of the health teaching given by the resident private duty nurse as well as by the non-resident public health nurse, and to secure the preparation needed by the resident nurse if she is to develop the teaching opportunities in the homes she enters. An analysis by our Private Duty Section of the health teaching given by hundreds of private duty nurses in Ontario might support the superintendents of the hospital schools in their efforts to convince trustees and medical boards that their student nurses should be equipped to meet the opportunities of the resident private duty nurses to teach health in the homes.

The time may come when Ontario will abandon the title "public health nurse" recently adopted on this continent to describe the non-resident nurse, and may use Florence Nightingale's phrases "sick nursing" and "health nursing" to describe the elements present in varying degrees in the work of all nurses, whether they are employed in hospitals and in the home to care for the sick or as medical social workers and health visitors to maintain health.

IV

Summary

By JEAN I. GUNN, Superintendent of Nurses, Toronto General Hospital, Toronto

It is usually agreed that unrest and dissatisfaction in existing conditions often lead to progress. If this is true nursing must be on the eve of wonderful developments. For some years there has been a condition of considerable unrest and a realization on the part of the nursing profession that something was wrong. Apparently many agree with them, especially the medical profession. Many medical associations have appointed committees to study the nursing question, and although no definite decisions have been reached there seems to be a decided feeling that in some way or other the nurse is to blame. The public share this belief and the nurse is held responsible for many conditions with which she really has no logical connection. The tendency to attack the nurse and not the problem has not brought about any solution and it would seem advisable for the nurse through organized nursing groups to definitely study the difficulties and to seek a solution satisfactory to all.

During the last fifteen years practically all facts that enter into the medical and nursing care of patients have changed. Hospitals have increased in number and changed in the type of service offered, and every year brings new demands from the medical profession and the public for increased and specialized hospital service. Hospitals are required to take a large part in the many kinds of medical research being carried on and this service in time brings added responsibilities to the nursing service. Changes in medical practice are as outstanding as the change in hospital services. The family doctor has practically ceased to exist and doctors are entering special fields of medicine. It is an age of specialization which is being largely shared by the medical profession. Even the character of illness is rapidly changing. Advancement in medical science, the development of preventive medicine and the application of this new knowledge have changed to a large degree the type of patient for the doctor and the nurse. Bedside nursing not so long ago seemed to centre around the typhoid patient and many nurses felt when these patients became fewer that all opportunities for doing really good nursing were disappearing in the same ratio. It would seem that all factors in the care of the sick, even the types of disease, have changed except the conception of the responsibilities of the nurse. The responsibility of the nurse has in reality changed a great deal, or rather her responsibilities have been added to, until now the outstanding problem in nursing education is how best to prepare the student nurse for the different types of work she may be called upon to undertake or to decide to what degree this preparation is the legitimate responsibility of the school for nurses.

In discussing the trend of nursing from the standpoint of the training school we find that certain advances have been made. These have already been given in detail and a careful study of these advances, with one or two exceptions, shows that the progress in the schools has been largely the result of the work of individual nurses, nursing organizations or the enforcement of the Registration Act. One exception might be considered as the better housing for nurses that is found in many parts of the province. That improvement needed the financial support of the hospital and the public for its realization. Another advantage provided for many schools by the board of directors and

interested individuals is the provision of scholarships which allows the nurse to take additional university training, and in this day aids in placing nursing on a much better educational basis. It is still very apparent that the average board of trustees considers the student groups only from the standpoint of providing nursing care for the hospital patients. The public has failed to realize that hospitals have a dual function: care of the patient and the education of the student nurse to give that care. The neglect of the student of today results in the neglect of the patient of tomorrow. As nurses we must face the fact that we have in some way failed to have the average board of trustees and the public at large look upon the student nurse as a student. As long as this conception of the student nurse exists, and it is largely the fault of the nurses that it does exist, the trend of nursing education in our schools will remain very much as it is at present.

From the standpoint of the school for nurses even the nursing care of the patients is fast becoming almost an impossible undertaking without taking into consideration at all the educational side of the school. All advances in medical research when applied to the care and treatment of patients bring added responsibilities to the school for nurses. There is an increasing tendency to give more responsibility to the nurse. Treatments formerly done by the medical staff are now assigned to the nursing group. This not only absorbs a great deal of time and attention previously given to the actual care of the patient but calls for a great deal of additional instruction if the student is to be qualified to carry out these treatments intelligently. More and more time is being required in the keeping of accurate records now regarded as essential in medical research and in all branches of hospital routine. In the majority of the schools this increase and change of type of service demanded from the nurse has not been studied or in many cases even realized by the board of trustees. The nursing staffs are endeavouring not only to give all the necessary nursing services required from them since the beginning of nursing but also to add the rapidly accumulating services which must be done in the modern treatment of patients. Unfortunately the nurse's day has always been well filled and there were few idle moments in which to fit these new duties. The result unfortunately has not been the best one in the interest of the patient from the standpoint of actual bedside nursing and, if hospitals are to enjoy the confidence of the public, a solution must be found. Public criticism of the nursing service of any institution is not a good advertisement. The problem is an economic one and must be considered from that standpoint. If nurses are to be required to enlarge their responsibilities and to undertake a great deal of routine work formerly done by the medical profession they must be relieved from the non-nursing work they are now performing in the wards of most of our hospitals. Increased domestic personnel is essential if the school for nurses is to give proper nursing care to the hospital patients. If the question is studied it would seem apparent at once that from the standpoint of the hospital it is not economic to have skilled service from nurses in tasks not requiring either the nurse's skill or experience. If some means could be adopted by which the permanent graduate staff of our schools could be increased to allow for proper teaching and supervision, and, if our student group would be required to do only the work that demands their training, skill and experience, some of the problems of nursing education would disappear and the patients in our hospitals would be better and more economically nursed.

From the standpoint of effective teaching in the schools for nurses in this province there are many outstanding difficulties. Approximately thirty-one hundred student nurses are enrolled in our schools and we have for that number ten qualified nurse instructresses. The nurses who willingly undertake this necessary teaching work without preparation are working under great difficulties and deserve all the assistance that can be offered them. But on the other hand the student nurse is not receiving the type of instruction to which she is entitled and the hospital enrolling her as a student is not keeping its contract with her. What institutions except our hospitals would undertake to conduct a school without a teacher?

Possibly there is more misunderstanding in connection with private duty nursing than any other branch. The question in the minds of the public, the medical profession and the nurses themselves, is how best to provide bedside nursing for people of moderate means.

It would seem that a fairly large percentage of the community is included in this class. The outstanding criticism is the so called high fees charged by the nurses on private duty. The maximum fee in the province is $5.00 per day. This would average $150.00 per month provided the nurse worked without any interruption. This constant employment is not enjoyed by many nurses and it is considered a fair average for a nurse to work nine months of the year. The three months or even more in many cases is broken up in short or long periods during which time the nurse's expenses are not less than those of other citizens. The average annual salary would be $1,350 for 279 days of 12 or 24 hours, as the patient may demand, with the addition of her meals while on duty. The average salary of women teachers in the towns and cities of Ontario is $1,379 for 119 working days of seven hours. The private duty nurse is paid 41.6 cents per hour, the teachers in the rural districts 81 cents per hour and the teachers in the towns and cities $1.00 per hour. Labourers are paid by the City of Toronto $4.80 for an eight hour day or 60 cents an hour, while men engaged in the trades average .90 to $1.25 per hour for an eight hour day.

Many critics feel that the difficulty can be solved by providing a nurse with less training and at a lower fee. This may appear logical on the surface but will not prove so on investigation. Families are usually as unable to pay $18.00 to $20.00 per week as they are to pay $35.00 per week. From the standpoint of engaging a nurse with less training, it would seem a poor policy to allow the ability of the family to pay to decide the type of nursing care to be provided. The difficulty is largely a domestic one and any solution must approach the need from this standpoint. The preliminary steps to any answer to this criticism of the private duty nurse demand an honest opinion of what nursing service is actually needed in the home. Many fixed ideas will have to be changed and facts recognized and acknowledged. The present system is not economic, and this is the real basis of the criticism. A nurse is now giving 12 hours and often longer to do the nursing service which could easily be done in two hours or less. The patient is paying for nursing service she does not need and the nurse is spending time doing non-nursing service which does not need her skill. If the public could be encouraged to purchase the nursing service actually required and make some other provision for the non-nursing needs of the household the problem could be very easily solved. Any scheme for readjustment will need a very carefully worked out plan for hourly nursing with proper supervision and continuity of service on the part of the nurse. The nursing profes-

sion would also be wise if the additional home needs were given consideration at the same time, as the success of one service depends on the successful establishment of the other service. The difficulty must be overcome in some way and the solution will need the co-operation and support of all interested: the community, the doctor and the nurse.

The hospital field of nursing and the private duty field are bristling with difficulties and the public health field seems to have its share of problems. This branch of nursing is the newest branch and for years we have set it aside in a class by itself and assigned to it all the many health activities which were not included in the other two branches of nursing. Now we find that that policy will not stand the test of experience and health development. We are faced with the demand for every nurse to be a public health nurse and to function as a health teacher in whatever field of work she may be engaged. Nurses engaged in organized public health nursing will always need preparation for this special branch but their health programme will be much better carried out if they have the intelligent co-operation of all nurses. The public health field requires not only the intelligent co-operation of all nurses but of the citizens as well. In hospital the patient is at the mercy of doctors and nurses and has to accept treatment ordered and carry out the policies laid down for his immediate health needs. But once out from the hospital walls he recovers his rights as an individual, one might say, and may or may not accept the policies laid down by the health organizations of the community. He may have to carry out certain policies by law, but those that depend on him as an individual he may or he may not support. It is in this respect that all nurses have a decided health responsibility as they should be well qualified to interpret the work of the organized public health agencies to all citizens with whom they may come in contact. For this reason the emphasis that is now being placed on every nurse being a public health nurse should in the years to come make an invaluable contribution to the health of the Canadian people.

In studying even in a superficial way the problems that exist in nursing in all its branches, one is immediately forced to confess that as nurses and as a profession we have not secured the co-operation and intelligent interest of the public. Hospitals have enjoyed this interest as institutions but it has not to any degree extended to the schools for nurses within the hospitals. There is no doubt that nursing as well as all other professions must inevitably be affected by the trend of modern times. This is shown in a very outstanding way by the feverish attempts we are making on all sides to meet the many and rapid changes that are occurring daily. Not only are we endeavouring to meet the daily need but if nursing is to be placed on the best basis we must anticipate what may be required of tomorrow as well as today. This cannot be done by the profession alone. Many economic questions are involved as well as those of training, education and efficiency of service. Let us as nurses find some way of sharing our difficulties with others who may and will be interested and working together the best results will be attained. The present lack of understanding and support on the part of the public is not the fault of the public but is the result of lack of vision in our own ranks. Let this generation endeavour to find the key that will unlock the doors to public interest and support and pass this on as our special contribution to those who will come after us. In so doing we will remove nursing from the isolated and more or less criticized position it now occupies and, with the understanding co-

operation of all citizens, enable our nurses to make their best contribution to the health, welfare and progress of our country.

Would it be too visionary to suggest that we consider our final objective to be the financial support of nursing education by the provincial government? All other branches of education are supported by government funds and why should nursing education be the exception? If we as nurses make our appeal in a logical way and with the understanding support of an interested public it would seem quite possible that even this generation of nurses would see nursing take its proper place in the educational system of our country.

Blindness Due to Venereal Disease

A great deal of blindness in the United States may be attributed to the reluctance to discuss publicly the very close relation of venereal disease to blindness or seriously defective vision, declared Dr. B. Franklin Royer, of New York, medical director of the National Committee for the Prevention of Blindness, in a recent address before the National Conference of Social Work at Des Moines, Iowa. Fear of offending the blind and the partially blind whose inherited handicap is in no way related to diseases involving moral turpitude, Dr. Royer said, has for many years caused public health workers, social workers and even a part of the medical profession to lean over backwards in avoiding—at least in public—discussions linking blindness with the social diseases.

It is true, Dr. Royer said, that for a long time public health workers, social workers and physicians, were altogether too much impressed with the idea that the eye tragedies of the new born were all due to a social disease, but, he added, this exaggerated notion has been very largely dissipated.

"At least 15 per cent. of all blindness in America," Dr. Royer said, "is due to one social disease and approximately 60 per cent. of the infections of infants at birth is due to another common form of social disease. There are, however, half a dozen other germs in no way related to venereal diseases which may infect the child at birth, and under modern conditions of living many an adult becomes afflicted with a social disease without in any way bearing the stigma of immorality.

"It is, therefore, the obligation of the nurse, the social worker, and the physician to urge upon every family with which they are professionally concerned such preventive measures as may spare new-born babies the tragedy of blindness or seriously impaired vision."

(Bulletin, The National Committee for the Prevention of Blindness, U.S.A.)

News Notes

ALBERTA

CALGARY

Miss E. Fraser, of the V.O.N. staff, has been called to her home at North Bay owing to the illness of her mother.

Miss K. Rooney, of the Holy Cross Hospital, is spending her vacation at Victoria, B.C., and other coast cities.

Miss Olive Zimmerman has returned to the city after a six-weeks' visit to Toronto and Collingwood, Ont.

Miss E. Long and Miss Haslam recently motored to the coast via Yellowstone Park.

Miss L. F. Gaunes (Calgary General Hospital, 1923) is acting registrar during the absence of the registrar, Miss M. E. Cooper.

Her many friends will greatly regret to learn of the death on July 26th, 1927, of Mrs. Jessie G. Davis, of Calgary. Mrs. Davis was well known in the city, having been very active in public affairs. She was registrar of the Calgary Graduate Nurses Association for two years, president of Calgary Women's Institute, a trustee of the General Hospital Board up to the time it was taken over by the City Council, and also served on the executive of the L.C.W.

MEDICINE HAT

The Graduate Nurses Association of Medicine Hat held a very successful garden party on the lawn of the Nurses' Residence on June 21st, the proceeds to be spent in purchasing chairs for the student nurses' lecture room.

Miss Auger, lady superintendent of the General Hospital, is enjoying a very pleasant holiday in Toronto and other eastern cities.

Miss Alma de Coursey has accepted the position of supervisor of the Maternity Hospital, succeeding Miss Gwen. Twaites, whose marriage to Mr. George Crockford took place in June.

BRITISH COLUMBIA

VANCOUVER

St. Paul's Hospital

Recently members of the Alumnae Association and nurses of the training school gathered together in the nurses' home to bid farewell to Sister Superior (Clarissa) before her departure to her new sphere of duty at Midnapore. As a parting gift a leather, initialled writing case was presented by the president, Miss E. Stevens. A much appreciated musical programme was provided and a pleasant social evening spent. It was with sincere regret that all present listened to Sister Superior's words of farewell and parting blessing.

Miss McKeating, of Seattle, has been visiting in Vancouver for a short time.

Miss McIntyre, of Honolulu, is spending a few weeks in Vancouver.

Miss E. Pierson spent a very enjoyable vacation in Calgary.

Miss M. Dutton's friends will be pleased to learn that she is now convalescent and expects to return to duty at the opening of the fall term.

MANITOBA

BRANDON

Miss A. J. Coleman (Brandon General Hospital), formerly of Moose Jaw, Sask., and later of Winnipeg, Man., was recently appointed medical supervisor at Meriden Hospital, Meriden, Conn.

NEW BRUNSWICK

ST. STEPHEN

A well-attended meeting of the Local Chapter of the New Brunswick Registered Nurses Association was held at the Children's Memorial Hospital on July 28th, when the following officers were elected: President, Miss E. B. Rainnie; vice-president, Miss Mabel McMullen; secretary-treasurer, Miss A. M. Boyd. At the close of the business meeting refreshments were served and a social hour enjoyed.

The friends of Miss Bernice Stairs (Children's Memorial Hospital) are extending congratulations on her recent marriage to Albert G. Kenyon, of Providence, R.I.

Miss Estelle Murphy, assistant superintendent, Children's Memorial Hospital, has resumed her duties after a delightful vacation at St. John.

Miss Myrtle Dunbar is spending a holiday with friends at York Beach, Maine.

Miss Bessie Budd, superintendent of nurses at the Yonkers' Homeopathic and Maternity Hospital, is visiting her home, accompanied by her assistant, Miss Margaret Stevens, who remained as her guest for a short time.

Miss Mary Hanson, of the staff of the Henry Gale Hospital, Haverhill, is enjoying a well-earned vacation with friends on the border.

The friends of Miss Marie Allen are glad to know that she has recovered from a surgical operation.

CAMPBELLTON

Soldiers' Memorial Hospital

Miss Ethel Glover, 1925, is engaged in institutional work in New York.

Miss Jean Jamieson, 1925, is on the staff of the Somerville Hospital, Somerville, Mass.

Miss Flora Adams, 1925, who has been on the staff of the Shriners' Hospital for Crippled Children, Montreal, for the past six months, is spending her vacation at her home in Campbellton.

Miss Alma Brash, 1925, is on the staff of the Dunn Hospital at Bathurst, N.B.

Miss Robina Clark, 1926, is doing private duty nursing in Campbellton, and Mrs. Elsie Hanlon, 1926, is doing private duty nursing near Havelock, N.B.

Miss Catherine (Kitty) Fenderson, 1926, has completed a two months' post-graduate course at the Shriners' Hospital, Montreal. Her engagement to Mr. Hugh Morrison, of Cambridge, Mass., formerly of Sussex, N.B., has been announced, the wedding to take place in September at Jacquet River, N.B.

NOVA SCOTIA

HALIFAX

The annual meeting of the Nova Scotia Registered Nurses Association was held at the Dalhousie Public Health Clinic on Friday, July 22nd. Much routine business was transacted and the election of officers took place, resulting as follows: President, Miss Mary F. Campbell; first vice-president, Miss Florence McInnes; second vice-president, Miss Hilda MacDonald; third vice-president, Miss Margaret MacKenzie; secretary, Miss Edith Fenton; treasurer and registrar, Miss L. F. Fraser.

On Thursday evening, July 21st, the nurses registered for the Refresher course at Dalhousie University were the guests of Mr. Kenny, superintendent of the Victoria General Hospital, Halifax.

Miss Eileen Tobin, of Dartmouth, N.S., recently graduated from the Summerville Hospital, Mass., with the highest marks in the class. Miss Tobin was the youngest nurse in the class.

Misses Marjorie E. Trefry and Gertrude Crosby, of M.H.H.C. staff, Halifax, are spending their vacation at Port Morien, C.B., and Miss Florence Fraser, of the D.P.H.C. staff, is holidaying in the Metapedia Valley.

Miss Catherine M. Graham, of the M.H.H.C. staff, Halifax, has taken charge at Rainbow Haven for the rest of the season.

The Misses Margaret and Marie Chisholm, of the nursing staff of the Nova Scotia Hospital, are spending their vacation at their home in Pictou.

Miss Myrtle Naugle, of Brookline, Mass., spent the past month at Woodside, N.S.

Mr. Ray F. Keating, R.N. (Victoria General Hospital), who has been practising in New York for the past two years, has been visiting his parents at Woodside.

Miss Daisy Keating (Roosevelt Hospital, New York) is spending the summer at Bedford, N.S.

Miss Florence Cliff, V.O.N., Halifax, who was recently operated upon for tonsils and adenoids, is now recuperating at her home in Upper Derby, N.S.

Miss Leuta Hall, assistant superintendent V.O.N., Halifax, is on vacation at Fredericton, N.B., and Miss Edith Herbert, also a member of the V.O.N. staff at Halifax, is spending her vacation at Kentville, N.S.

Miss Agnes Purcell, of the V.O.N. staff, Halifax, is on a motor trip through the province, and Miss May MacMillen has just returned from a very pleasant vacation in New Glasgow.

ONTARIO

BRANTFORD

We have been asked by our Brantford correspondent to state that the news item published in the July number stating that "Miss M. Williams has returned from New York and has accepted a staff position in the Women's College Hospital, Toronto" was sent in through a misunderstanding and that the report was an error.

TORONTO

Toronto General Hospital

Miss Josephine Dickey, 1922, is spending the summer in Europe.

Miss Edna Johnston and Miss Grace Gawley, 1922, have returned from New York, where they have been doing private duty nursing.

Miss Jean Dent, 1922, has returned from the Shriners' Central Hospital, where she has been a member of the staff for the past year.

Miss Georgia Clapperton, 1922, has been appointed to the staff of the Red Cross Hospital at Kirkland Lake, Ont.

QUEBEC

MONTREAL

Montreal General Hospital

Miss Lillian Dickie is relieving at the Royal Columbia Hospital, New Westminster, B.C.

Miss E. Robertson, 1923, who was awarded the Mildred Hope Forbes scholarship, has resigned her position in the O.D. Dept. and is entering McGill University, where she will take a course in hospital administration.

Miss Violet Sampson, who has been second assistant on the staff of the M.G.H., has resigned, her successor being Miss Mabel Holt, 1919, who has been at the Hamilton General Hospital for the past two years.

Miss Jean Henderson, daughter of Mrs J. Henderson (nee Viola Hersey), is doing research work at the Marine Biological Laboratory at Woods Hole, Mass., this summer.

The Misses Agnes Jamieson and Florence Cluff are spending the summer with their respective patients at Saranac Lake, N.Y.

Miss Young, lady superintendent of the M.G.H., who has been very ill, is improving rapidly and it is hoped she will soon be able to resume her duties.

Miss Grindley has resigned her position as charge nurse of the Children's Ward, M.G.H. She is leaving to take up work in the Hospital for Sick Children, Toronto, of which institution she is a graduate.

Miss Kate M. Wilson is spending three months' holiday at her home in Scotland.

Royal Victoria Hospital

Miss Clara Prescott, 1922, has recently returned from China on furlough, where she has been doing medical missionary work.

Miss K. Goodfellow, 1922, and Miss Elsie Bowman, 1921, sailed from New York on August 10th for England and the continent, where they plan to spend two months.

Miss Marjorie Young, 1913, is instructor at the General Hospital, St. Catharines, Ont.

Miss F. Munroe, 1914, has been appointed to succeed Miss B. Guernsey, resigned, as superintendent of the Royal Alexandra Hospital, Edmonton, Alta.

Miss Marjory Dobie, 1925, has been appointed instructor in theory at the Royal Victoria Hospital.

Miss Beatrice Eastmure, 1925, was recently appointed superintendent of the Civic Hospital for typhoid patients (old Notre Dame Hospital, Montreal).

Miss Horseman, 1927, has been appointed to the staff of the Alexander Fever Hospital, Montreal.

Miss Mary Mitchell, 1913, was entertained by her old friends during her recent brief visit to Montreal.

Jeffery Hale Hospital

Miss Richardson, 1924, has resigned her position at the Douglas Wing and has accepted the position of superintendent of the Shawinigan General Hospital, Shawinigan Falls, P.Q. Miss B. Ford, 1912, has been appointed to succeed Miss Richardson at the Douglas Wing.

Miss Adams, 1924, and Miss Buckley, 1927, have accepted positions on the staff of the Shawinigan General Hospital.

Miss S. Jamieson, 1917, instructor at the Brantford General Hospital, Brantford, Ont., was in the city for a short time recently.

Miss Lunam, 1920, is on her vacation, and Miss Eager, 1927, is relieving her.

Miss E. McHorg, 1925, has succeeded Miss Fischer as night superintendent.

Our sympathy is extended to Mrs. Strout (Miss Mackenzie, 1922), of Chicago, in the death of her infant child, and to Miss Seale, 1927, in the death of her mother.

The nurses of Nova Scotia were shocked and saddened at the tragic death, by drowning, of Madge Cruise, of Dauphin, Manitoba, while she was on duty at a seaside summer camp near Halifax, July 29th.

Miss Cruise had not been long in the province. During last winter she held the position of health nurse at Whitman Hall, the women's residence of Acadia University, Wolfville. Early this summer she accepted an appointment as nurse in charge of Rainbow Haven, a camp for undernourished and crippled children, which is conducted by a Halifax newspaper. She had been there more than four weeks, had endeared herself to the children and staff, entered fully into the life of the camp, and had earned the admiration and confidence of the Board of Management. Miss Cruise lost her life in an attempt to save a child who, through failure to obey instantly, had got beyond her depth and was caught by a treacherous current. Both lives were lost, and many friends of Rainbow Haven and Halifax citizens in general mourn their loss.

Miss Cruise received her professional training in Victoria, but her home was in Dauphin, Manitoba. To her family and friends, and to her colleagues in Manitoba and British Columbia, Nova Scotia nurses extend sincere sympathy.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BAIRD—On July 9th, 1927, to Mr. and Mrs. R. S. Baird (Florence K. Willy, St. Paul's Hospital, Saskatoon, 1923), a daughter (Ruth Edith).

CALVERT—On July 4th, 1927, to Mr. and Mrs. Edward Calvert (Alma Wallace, Owen Sound General and Marine Hospital, 1922), a son.

DOYLE—On February 16th, 1927, to Mr. and Mrs. Herbert Doyle (Edna Zinc, Royal Victoria Hospital, Montreal, 1924), a son.

HAWKINS—On June 17th, 1927, at Montreal, to Mr. and Mrs. Lionel Hawkins (Vera Reed, Royal Victoria Hospital, 1926), a son.

HUTCHISON—On May 9th, 1927, at Montreal, to Dr. and Mrs. Keith Hutchison (Millicent Branch, Royal Victoria Hospital, Montreal, 1926), a son.

McRAE—On April 10th, 1927, at Badeck, N.S., to Mr. and Mrs. William McRae (Nan Hart, Royal Victoria Hospital, 1922), a son.

McMILLIN—On June 20th, 1927, at Owen Sound, to Mr. and Mrs. D. J. McMillin (Zeta McClocklin, Owen Sound General Hospital, 1922), a daughter.

MANNING—On June 3rd, 1927, at Premier, B.C., to Mr. and Mrs. M. Manning (Miss Proutt, St. Paul's Hospital, Vancouver), a daughter.

MULHERN—On July 15th, 1927, at Vancouver, to Mr. and Mrs. E. P. Mulhern (Miss Doherty, St. Paul's Hospital Vancouver), a son.

RIDEWOOD—On July 7th, 1927, at Victoria, B.C., to Dr. and Mrs. H. E. Ridewood (Mary Mede, St. Joseph's Hospital, Victoria, 1919), a daughter (Mary Ada).

ROGERS—On July 24th, 1927, at Kirkland Lake, to Mr. and Mrs. C. E. Rogers (Helen Key, Toronto General Hospital, 1922), a son.

ROSS—On June 25th, 1927, at Brockville, to Mr. and Mrs. D. M. Ross (M. E. Kerr, Brockville General Hospital, 1924), a son (Hugh Robert).

SUTHERLAND—On July 18th, 1927, at Montreal, to Dr. and Mrs. Colin Sutherland (Georgina Easdale, Royal Victoria Hospital, 1925), a son.

WIGHT—On June 19th, 1927, at Montreal, to Mr. and Mrs. Wight (Gladys Bethune, Royal Victoria Hospital, Montreal, 1923), a son.

MARRIAGES

BARTON—GILROY—On June 22nd, 1927, at Brockville, Ont., Frances I. Gilroy (Brockville General Hospital) to H. M. Barton, of Detroit, Mich. At home—Detroit.

BLACK—McGERRIGLE—On June 2nd, 1927, at Ormstown, P.Q., Nettie May McGerrigle (Women's Hospital, Montreal, 1925), of Ormstown, to John Watson Black, of St. John, P.Q. At home—St. John, P.Q.

CHOWN—DURBROW—On August 6th, 1927, at Ottawa, Laura Duff Durbrow (Kingston General Hospital, 1921) to Stanley Murray Chown, of Renfrew, Ont.

FRASER—NEFF—On August 5th, 1927, at Esquimalt United Church, Mona V. Neff (St. Joseph's Hospital, Victoria, 1926) to Duncan Fraser, of Victoria.

GODARD—AMEY—On July 14th, 1927, at Regina, Sask., Rae Amey (Toronto General Hospital, 1922) to Robert Godard, of Imperial, Sask.

KENWARD—BAKER—On April 30th, 1927, at Kamloops, B.C., Sadie E. Baker (Queen Victoria Hospital, Revelstoke, 1927) to Alfred J. Kenward, of Revelstoke, B.C.

MATES—BRADFORD—On June 15th, 1927, at Cardinal, Mabel A. Bradford (Brockville General Hospital) to G. E. Mates, of Cornwall. At home—Cornwall, Ont.

McLACHLIN—CAMPBELL—On April 4th, 1927, at Montreal, Mary Ingraham Campbell (Royal Victoria Hospital, Montreal, 1923), to Eric Harrington McLachlin.

ORCHARD—NICKLASON—On June 3rd, 1927, at Vancouver, B.C., Hilda C. Nicklason (Queen Victoria Hospital, Revelstoke, B.C., 1923) to William C. Orchard, of Vancouver.

O'SHAUGHNESSY—FRASER—On June 7th, 1927, Audrey Fraser (Montreal General Hospital, 1924) to Dr. P. O'Shaughnessy, of Montreal

PENGILLY—WRIGHT—On August 20th, 1927, at Mamora, Ont, Nancy Bristow Wright (Toronto General Hospital, 1926) to Albert Rennie Pengilly.

SMITHSON—LAWRENCE—On May 14th, 1927, at Victoria, B.C., Aleen Lawrence (St. Joseph's Hospital, Victoria, 1924) to Hillory W. Smithson, of Vancouver.

WARD—JOHNSTON—On June 4th, 1927, at Calgary, Alta., Gwendolyn Johnston (Royal Victoria Hospital, Montreal, 1923), to Richard James Ward. At home—Hardisty, Alta.

WILSON—GWYN—On June 4th, 1927, at Saskatoon, Hannah Gwyn (Royal Victoria Hospital, Montreal, 1928), to Arthur L. Wilson.

DEATHS

CASS—On July 16th, 1927, at Winchester, Ont., N/S Edna M. Cass (Cornwall General Hospital, 1912), in her 46th year.

CRUISE—On July 29th, 1927, accidentally drowned at Halifax, N.S., Madge Cruise (Provincial Royal Jubilee Hospital, Victoria, B.C., 1920), of Wolfville, N.S.

DAVIS—On July 26th, 1927, at Calgary General Hospital, Mrs. Jessie G. Davis.

DOUD—On July 31st, 1927, at Bellingham General Hospital, Washington, Mrs. J. E. Doud (Florence Rumming, St. Joseph's Hospital, Victoria, B.C., 1924), leaving an infant son of five weeks old.

DOWNEY—On July 15th, 1927, at St. Michael's Hospital, Toronto, Winnifred Downey (St. Michael's Hospital, 1926).

KERR—On June 23rd, 1927, at Lachine General Hospital, Marjorie Kerr (Women's Hospital, Montreal, 1912).

LIVINGSTON—On July 24th, 1927, suddenly, at Val Morin, Quebec, Gertrude Elizabeth Livingston, for thirty years Lady Superintendent of the Montreal General Hospital, in her 80th year.

LOCKE—On July 21st, 1927, at Cornwall General Hospital, Mrs. Locke (Gladys Thompson, Cornwall General Hospital, 1926), in her 22nd year.

MISSION—On July 7th, 1927, at West Pennsylvania Hospital, Pittsburgh, Theresa Mission (St. Michael's Hospital, Toronto, 1920).

McDONALD—On June 13th, 1927, at St. Michael's Hospital, Toronto, Regina McDonald (St. Michael's Hospital, Toronto, 1924).

SHADE—On May 24th, 1927, at Weston, Ont., Hilda S. Shade (Women's Hospital, Montreal, 1917).

SYLVESTER—On April 30th, 1927, at St. Joseph's Hospital, Victoria, B.C., Betty, only child of Mr. and Mrs. Sylvester (Kate Sangster, St. Joseph's Hospital, Victoria, B.C., 1912).

C.A.M.N.S.

Miss K. Ethel Gray, night supervisor at the Colonial Hospital, Rochester, Minn., formerly of the C.A.M.C., is enjoying an extended vacation with Mrs. L. Titus (nee N/S Elizabeth MacDougall, R.R.C.) at Mayo, Yukon Territory. Miss Gray expects to return to Rochester in October.

V.O.N.

The following Victorian Order nurses have been awarded fellowships by the Rockefeller Foundation: Miss Mary Stevenson, supervisor for Ontario, Central Office staff; Miss Mary Campbell, district superintendent, Halifax, N.S.; Miss Edna Clarke, St. Catharines, Ont., and Miss Muriel Winter, Toronto. These nurses will spend some months making an intensive study of special features in public health nursing, later returning to their duties with the Victorian Order of Nurses.

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University of Western Ontario
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Hon. President, Miss I. MacNeil; President, Mrs. J. A. McLeod; First Vice-President, Miss Lyda A. Spencer; Second Vice-President, Miss Abigail MacKenzie; Treasurer, Miss Cora Ferguson; Recording Secretary, Miss Greta Taylor; Corresponding Secretary, Miss Lydia Turner, Social Service Nurse, General Hospital, Glace Bay, Cape Breton, N.S. Executive Committee: Misses Florence Kerr, Christene MacDonald, Victoria MacCuish, Margaret MacKinnon, Mary MacPherson, Annie Callaghan.

GALT GRADUATE NURSES' ASSOCIATION

Hon. President, Miss C. L. LaRose, Galt Hospital; President, Mrs. Wm. Wallace, 56 Forbes Street; First Vice-President, Mrs. Harry Rigsby, 58 Barrie St.; Second Vice-President, Miss Jessie Bell, 56 Forbes Street; Secretary-Treasurer, Miss Sarah Mitchell, 11 Harris Street; Asst. Secretary-Treasurer, Mrs. A. Hawk, Queen's Square.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Miss Berlett; Treasurer, Mrs. W. Knell, 41 Ahrens St.; Secretary, Miss E. Masters, 13 Chapel Street; Representative to "The Canadian Nurse," Miss E. Ferry, 102 Young Street, Kitchener.

THE EDITH CAVELL ASSOCIATION OF LONDON

President, Mrs. E. S. Partridge, 125 Elmwood Ave.; First Vice-President, Miss Anne P. Evans, 639 Wellington St.; Second Vice-Preosident, Miss Cora Macpherson, Victoria Hospital; Secretary-Treasurer, Miss Elizabeth Morris, 15 Bellevue Ave.; Social Secretary, Miss Elizabeth Morris, 15 Bellevue Ave.; Programme Convener, Miss L. Griffin, Victoria Home, Grand Ave.; Special Member of Executive, Miss Josephine Little, Supt. Aged People's Home.

SMITH'S FALLS GRADUATE NURSES' ASSOCIATION

Honorary President, Miss J. Taggart; President, Miss A. Church; First Vice-President, Miss I. MacKay; Second Vice-President, Miss L. McKay; Secretary, Miss W. Gore, Box 314, Smith's Falls; Treasurer, Miss

G. Shields; Registrar, Miss Howard; Conveners of Committees: Social, Misses G. Currie, B. Clark, I. MacKay; Credential, Misses A. Hayes, R. Thom, G. Gore; Floral, Misses L. McKay, E. Condie; Representatives to Local Council of Women, Misses A. Church, E. Condie, S. McKay, G. Shields.

Regular meeting—3rd Wednesday of each month.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Miss Barbara Ross, 45 Dundonald St.; Vice-President, Miss Janet Allison, 57 St. Ann's Rd.; Secretary, Miss Mary Gridley, 20A Crescent Rd. Apts., 1050 Yonge St.; Treasurer, Miss Clara Dixon, Women's College Hospital; Councillors: Miss Frances Browne, 35 Chicora Ave.; Miss Ethel Greenwood, 34 Homewood Ave.; Miss Ada Luxon, 166 Grace St.; Miss Ruby Hamilton, 36 Maitland St.; Miss Ida MacAfee, Western Hospital; Miss Helen MacIntyre; Mrs. Josephine Clissold, 34 Inglewood Dr.; Miss Lily Delaney, Hospital for Incurables.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss G. Garvin; Vice-Chairman, Miss G. Bennett; Secretary-Treasurer, Mrs. C. L. Devitt; Councillors, Misses Maxwell, Jackson, Marion May, MacGibbon, F. Nevins, Whiting (Cornwall, Ont.); Representative to Board of Directors, R.N.A.O. Miss Marion May; Conveners of Committees: Public Health, Miss MacGibbon; Private Duty, Miss F. Nevins; Membership, Miss Maxwell; Programme, Miss Jackson; Publication, Miss G. Bennett.

DISTRICT No. 10, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Jane Hogarth, Fort William; Vice-Chairman, Miss P. Morrison, Fort William; Secretary-Treasurer, Miss T. E. Gerry Fort William; Councillors, Misses S. McDougall and M. Stowe, Port Arthur; Misses A. Walker, E. Hubman, Bell and Mrs. Foxton, Fort William; Private Duty Representative, Miss S. McDougall; Public Health Representative, Miss E. Hubman; Nursing Education Representative, Miss P. Morrison; Membership Committee, Miss Walker (Convener), Misses Wade, Boucher, McCutcheon; Programme Committee, Mrs. Foxton (Convener), Mrs. McCartney, Misses McDougall, Lovelace, Cudmore; Finance Committee, Miss Bell (Convener), Misses R. Graham, M. Stowe; B. Montpetit; "The Canadian Nurse" Representative, Mrs. Foxton.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. Tait; President, Miss R. Coulter; Vice-President, Miss M. Turnbull; Secretary, Miss H. Collier; Treasurer, Miss M. Hales; Corresponding Secretary, Miss E. Cronk; Advisory Committee, Misses R. Coulter, B. Soutar, H. Collier, E. Wright, Mrs. P. Cook; Flower Committee, Misses V. Humphries, E. Hull, B. Soutar, M. Cockburn, Mrs. P. Cook.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss J. Wilson; Vice-President, Miss D. Arnold; Secretary, Miss I. Marshall, 91 Peel St., Brantford, Ont.; Treasurer, Miss G. Westbrook; Flower Committee, Miss M. Collyer, Miss V. Van Volkenburg; Gift Committee, Miss A. Hough, Miss I. Martin; "The Canadian Nurse" Representative, Miss D. Small; Press Representative, Miss R. Isaac; Social Convener, Miss G. Weiler.

Regular Meeting held First Tuesday in each month at 8.30 p.m. in the Nurses' Residence.

BROCKVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Alice L. Shannette, Superintendent, Brockville General Hospital; President, Mrs. H. B. White, 133 King Street E.; First Vice-President, Miss Maude Arnold, 206 King E.; Second Vice-President, Miss Jean Nicolson, 266 King W.; Third Vice President, Mrs. W. B. Reynolds, 68 Bethune St.; Secretary, Miss M. Beatrice Hamilton, Asst. Supt., Brockville General Hospital; Treasurer, Mrs. Geo. Lafayette, 454 King W.; Representative to "The Canadian Nurse," Miss Gertrude Myers, Night Supervisor, Brockville General Hospital; Refreshment Committee, Mrs. Allan Gray, 466 King W.; Mrs. Herbert Vandusen, 65 Church St.

THE ALUMNAE ASSOCIATION OF THE PUBLIC GENERAL HOSPITAL, CHATHAM, ONT.

Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Mrs. Clarence Coyle, 3 Ellwood Ave.; First Vice-President, Mrs. Fred Clark, King St.; Second Vice-President, Miss Jean Coatsworth, 224 Victoria Ave.; Recording Secretary, Mrs. Bruce Bourne, 16 Robertson Ave.; Corresponding Secretary and Press Correspondent, Miss Grace McKerracher, 46 McKeough Ave.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; Representative, "The Canadian Nurse," Mrs. C. N. Crysler, 102 Cross St.

THE ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, CHATHAM, ONT.

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, 8 Oriole Gardens, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Elizabeth Shortreed; President, Mrs. Reg. Hockin; First Vice-President, Miss Ferguson Second Vice-President, Miss Etta Stewart; Treasurer, Miss Beatrice McDonald; Secretary, Miss Manie Fletcher; Correspondent, Miss Nellie Cooke

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss Jean Souter, Hamilton General Hospital; Vice-President, Miss Eva Hulek, 50 Fairholt S.; Recording Secretary, Miss Ella Baird, 158 James S.; Cor. Secretary, Miss Janie Cordner, 70 London Ave; Treasurer, Miss Hilda Merrett, 7 Gage Ave. N.; Programme Committee, Miss Atkins, Convener; Misses Mabel Chappel, Harrison, Tessie Armstrong, Annie Raybold, Catherine Harley; Flower and Visiting Committee, Miss Annie Kerr, Convener; Misses Buckbee, Squires, McDermott; Registry Committee, Misses A. Kerr, Clara Waller, Ketchen, B. Binkley; Executive Committee, Miss H. A. Sabine, Convener, Misses Hall, Champ, Buscombe, Cora Taylor; Representatives to Local Council of Women, Misses Burnett, Sadler, Laidlaw, Buckbee; Representatives, "The Canadian Nurse," Miss Burnett, Miss McIntosh, Convener; Misses Sadler, Spence, Squires; R.N.A.O., Private Duty, Miss Hanselman.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sr. M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss Catherine Crane, 24 Rutherford Ave.; Secretary-Treasurer, Miss Frances Quintin, 96 East Ave. South; Executive Committee, Miss Anna Maloney, 31 Erie Ave.; Miss Elizabeth Quinn, 12 Cumberland Ave.; Miss Margaret Brennan, 816 King E.; Miss Myrtle Leitch, 99 Queen S.; Miss Marie Brohman, Mt. View Apts., James S.; Charity Committee, Miss Mae Maloney; Sick Committee, Miss Margaret Kelly, 43 Gladstone Ave.; Representative to "The Canadian Nurse," Miss Clara Himner, 168 Walnut.

NURSES ALUMNAE ASSOCIATION OF THE KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss A. Baillie; President, Miss A. McLeod; First Vice-President, Mrs W. P. Peters; Second Vice-President, Mrs. G. H Leggett; Treasurer, Mrs. C. W. Mallory, 203 Alfred St., Kingston; Secretary, Miss Oleira M.Wilson ,Kingston General Hospital, Kingston, Ont.; Press Representative, Miss Evelyn E. Freeman, Kingston General Hospital, Kingston; Convener, Flower Committee, Mrs. G. Nicol, 355 Frontenac St., Kingston.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. James Westwell, Reg.N.; First Vice-President, Miss K. Grant, Reg.N.; Second Vice-President, Miss V. Berlett, Reg.N.; Secretary, Miss Nellie Scott, Reg.N., c/o Dominion Tire Factory; Asst. Secretary, Mrs. J. Donnley, Reg.N.; Treasurer, Miss E. Schneider, Reg.N., 45 Highland Rd.; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, Reg.N., 102 Young St.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elias St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St., London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss Winnifred Ashplant, 807 Waterloo St.; First Vice-President, Miss Millie Turner, Victoria Hospital; Second Vice-President, Miss Mary Jacoba, Victoria Hospital; Treasurer, Miss Alma Anderson, 344 Richmond St.; Secretary, Miss Ethel Stephens, 190 Wellington, St.; Board of Directors, The Misses Ruttle, Rose, McPherson, McLaughlin, Gillies, and L. McGugan. "The Canadian Nurse" Representative, Miss Della Foster, 503 St. James St.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss L. V. McKenzie, R.N.; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N.; Secretary-Treasurer, Miss G. Went, R.N.; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dudenhoffer, R.N.; Miss Garry, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Tuesday in each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. MacWilliams; President, Mrs. G. M. Johnston; Vice-President, Miss Ada Rice; Secretary and Corresponding Secretary, Miss H. M. Jibb; Assistant Secretary, Miss M. Dickie; Treasurer, Miss J. Cole.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss M. Stewart, Lady Grey Sanatorium; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; Presideut, Miss M. Crilly; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Membership Secretary, Miss E. Rochon; Secretary-Treasurer, Miss Juliet Robert, 139 St. Andrew St.; Representative, "The Canadian Nurse," Miss K. Bayley; Representatives to the Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss G. Evans; Representatives to Central Registry, Misses Egan and Stackpole and a member of each class.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss L. D. Acton; Vice-President, Miss E. Maxwell; Secretary, Miss Pearl McQuitty, St. Luke's Hospital; Treasurer, Miss G. Stanley.

Representative to Local Council of Women—Miss M. Hewitt.

Nominatin Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

OWEN SOUND GENERAL AND MARINE HOSPITAL NURSES ALUMNAE ASSOCIATION

Honorary President, Miss M. Sterling; President, Miss C. McLean, 1132 3rd Ave. E., Owen Sound; First Vice-President, Miss Olga Stewart; Secretary-Treasurer, Miss Grace Rusk, 952 5th Ave. E., Owen Sound; Asst. Secretary-Treasurer, Miss Webster; Sick Visiting Committee, Mrs. D. J. McMillan (Convener), Mrs. William Forgrave, Miss Cora Thomson; Programme Committee, Miss M. Graham (Convener), Miss E. Hopper, Miss B. Scott; Registrar, Mrs. L. Dudgeon; Press Representative, Miss Cora Stewart.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson, Superintendent, Nicholls' Hospital; President, Miss Fanny Dixon, 538 Harvey St.; First Vice-President, Miss Walsh, Asst. Supt., Nicholls' Hospital; Second Vice-President, Miss Anderson, 212 London St.; Recording Secretary, Mrs. L. A. Law, 511 King St.; Treasurer, Mrs. Campbell Jordan; Correspondence Secretary and Representative to "The Canadian Nurse," Miss M. Ferguson, 476 Bonaccord St.; Private Duty Representative, Miss Reid; Representatives to Local Council of Women, Misses Anderson, Long, Stocker; Convener Socia Committee, Mrs. Maurice Pringle.

SARNIA GENERAL HOSPITAL ALUMNA ASSOCIATION

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss M. Fisher; Secretary, Miss P. Lumby; Treasurer, Mrs. Harrison Shanks; Representative to "The Canadian Nurse," Miss S. Laugher; Convener, Flower Committee, Miss Lee.

SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss V. Meadows; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHERINES, ONTARIO

Hon. President, Miss H. T. Meiklejohn, Superintendent, Mack Training School; President, Mrs. Parnell, 161 Church St.; First Vice-President, Mrs. W. Durham, R.R. No. 4; Second Vice-President, Mrs. G. T. Zumstein, 18 Court St.; Secretary-Treasurer, Mrs. Dewar, Niagara Highway; Asst. Secretary-Treasurer, Mrs. Leo Battle Thorold, Ont.; Representative to "The Canadian Nurse," Miss Ethel Whittington, General Hospital; Class Corresponde t, Mrs. Steel, 16 Lowell Ave.; Programme Committee, Mrs. A. E. Mayer, Miss D. Colvin, Miss Mary Smith.

THE ALUNMAE ASSOCIATION AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Olive Watterman, Memorial Hospital; President, Miss Myrtle Bennett, Memorial Hospita; Vice-President, Miss Verna McCallum, 33 Wellington St.; Secretary, Miss Amy Prince, 33 Wellington St.; Treasurer, Miss Mary Malcolm, 33 Wellington St.; Representative, "The Canadian Nurse," Miss Hazel Hastings, 101 Curtis St.; Flower Committee, Mrs. J. A. Campbell and Mrs. Thos. Keith; Auditors, Miss Jean Killins and Mrs. J. A. Camp ell; Executive Committee, Miss L. Crane, Mrs. R. Stevenson, Mrs. L. Sinclair, Miss Hazel Hastings, Miss L. Cook.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Kathleen Russell; First Vice-President, ---------- Second Vice-President, Miss Agnes Neill; Recording Secretary, Miss Margaret Dulmage; Corresponding Secretary, Mrs. A. W. MacKay, 46 Doel Ave.; Treasurers, Miss Clara Vale and Miss Marguerite Malone; Councillors, Misses Ada Kennedy, Josephine Kilburn, Anna Dove, Ethel Cryderman and Mrs. Margaret Dewey.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray, 73 Manor Road; Recording Secretary, Miss A. O. Bell, Grace Hospital; Treasurer, Miss Ruth Garrow; Corresponding Secretary, Miss M. F. Hendricks, 26 Rose Park Crescent.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave., Toronto; Vice-President, Miss Margaret Ferriman, 53 Herbert St.; Secretary, Miss Margaret Bing, 130 Dunn Ave.; Treasurer, Miss Ione Clift, 130 Dunn Ave.; Convener, Social Committee, Miss Mary Forman, 130 Dunn Ave.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smithers, Sussex Court Apts.; Vice-President, Miss Catherine MacKinnon, 100 Bloor St. W.; Sec.-Treas., Miss Lucy M. Loggie, Apt. 12, 610 Ontario St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Miss M. Jones, Riverdale Hospital; First Vice-President, Miss E. Scott, 340 Shaw Street; Second Vice-President, Mrs. Quirk, 15 Selby St.; Secretary, Miss D. Mick, Riverdale Hospital; Treasurer Miss A. Armstrong, Riverdale Hospital; Board of Directors, Miss. F. McMillan, Riverdale Hospital; Miss M. Thompson, Riverdale Hospital; Miss Hewlett, 11 Wheeler Ave.; Miss Davidson, 1 Howland Ave.; Mrs. Gribble, 8 Juniper Ave.; Conveners, Standing Committees, Sick and Visiting, Miss McLaughlin, Riverdale Hospital; Programme, Miss E. Scott, 340 Shaw St.; Central Registry, Misses Hewlett and Barrett; Representative, "The Canadian Nurse," Miss Delta Mick.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss Kathleen Panton; President, Mrs. Langford, 71 Springmount Ave.; 1st Vice-President Miss Flora Jackson; 2nd Vice-President, Mrs. Babcock; Treasurer, Miss Marjorie Jenkins, Hospital for Sick Children; Rec. Secretary, Miss Wilma Lowe; Cor. Secretary, Miss Gene Clark, 406 Rushton Rd.; Conveners of Committees: Sick Visiting, Mrs. Wilkinson, 112 Grace St.; Programme, Miss Hazel Hughes; Social, Mrs. Murray Robertson; Representative to Private Duty, Miss Margaret Marshall; "The Canadian Nurse," Mrs. James, 165 Erskine Ave.

THE ALUMNAE ASSOCIATION OF ST. JOHN'S HOSPITAL, TORONTO

Hon. Presidents, Sister Beatrice and Sister Dorothy; President, Miss E. R. Price, 6 St. Thomas St.; First Vice-President, Miss G. Hiscocks, 498 Euclid Ave.; Second Vice-President, Miss S. Burnett, 577 Bloor St.; West; Recording Secretary, Miss S. Morgan, 28 Major St.; Corresponding Secretary, Miss Q. Turpin, 1364 Bathurst St.; Treasurer, Miss R. Ramsden, 6 Carey Road; Conveners of Committees: Sick Visiting, Miss S. Morgan; Entertainment, Miss V. Holdsworth, Islington, Ont.; Press Representative, Miss S. Burnett.

Regular meeting—third Thursday at 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. Presidents, Sr. M. Julianna and Sr. Amata; President, Miss Hilda Kerr, 60 Emerson Ave.; First Vice-President, Miss Eva Dunn; Second Vice-President, Mrs. W. H. Artken; Third Vice-President, Miss Ellen Graydon; Recording Secretary, Miss Margaret Nealon; Corresponding Secretary, Miss Marie McEnaney; Treasurer, Miss Irene McGurk; Directors, Miss Bertha Cunningham, Mrs. J. E. Day, Miss Marie Ellard; Conveners of Standing Committees, Misses M. Larkin, J. O'Connor, Helen Keeney.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

WELLESLEY HOSPITAL ALUMNAE ASSOCIATION

President, Miss Vera Malone, 168 Isabella St.; Vice-President, Miss Edith Cowan, 100 Gloucester St.; Corresponding Secretary, Miss Edith L. Carson, 72 Homewood Ave.; Recording Secretary, Miss Marion Wansbrough, 5 Maitland Place; Treasurer, Miss Kathleen Leyton, 38 Helendale Ave.; Members of Executive, Mrs. Barry, Misses McFall, Anderson and Harrison; Representatives to Central Registry, Miss Helen Carruthers, 112 Bedford Rd., and Miss Elda Rowan; Correspondent to "The Canadian Nurse," Miss Ina Onslow, 100 Gloucester St.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. L. Ellis; President, Miss Wiggins; Vice-President, Miss Grace Sutton; Recording Secretary, Miss Ryde; Secretary-Treasurer, Miss Marjorie Agnew; Representative to R.N.A.O., Miss Lena Smith; Representative to "The Canadian Nurse," Miss McDougall; Representatives to Local Council of Women, Mrs. McConnell, Mrs. Heuston; Councillors, Mrs. Yorke, Misses Cooney, Phillips, Cook, McLean, Elva, Hewitt; Social Committee, Miss Smith, Miss Bishop.

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

ALUMNAE ASSOCIATION WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; President, Miss B. Stillman; Vice-Presidents, Miss Scott and Miss Fraser; Treasurer, Miss Chalk; Corresponding Secretary, Miss B. Peacock; Recording Secretary, Miss D'Arcy Barrie; Representatives to Local Council, Mrs. S. Johnson and Miss Patterson; Representatives to Private Duty Section, Miss Ennis and Miss Worth; Representative to "The Canadian Nurse," Miss L. Shaw.

THE ALUMNAE ASSOCIATION OF THE CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL FOR CONSUMPTIVES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson; President, Miss Hazel Dixon, Reg.N., Toronto Hospita for Consumptives; Vice-President, Miss Ella Robertson, Reg. N., Toronto Hospital for Consumptives; Secretary, Miss Josephine Wik, Reg.N., Toronto Hospital for Consumptives; Treasurer, Maude Powell, Reg.N., Toronto Hospital for Consumptives.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Mrs. J. McDiarmid; Vice-President, Miss L. M. Davidson; Recording Secretary, Miss Gladys Jefferson; Corresponding Secretary, Miss Jane Read, 375 Ingersoll Ave.; Treasurer, Miss H. Hamilton; Representative, The Canadian Nurse," Miss Anne Kerr.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. Buck; President, Miss H. Buchanan; First Vice-President, Miss D. Ingraham; Second Vice-President, Miss D. Stevens; Corresponding Secretary, Miss M. Robins, 17 Magog St., Sherbrooke, P.Q.; Recording Secretary, Miss H. Hetherington; Treasurer, Mrs. Gordon Edwards.

LACHINE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss L. M. Brown; President, Mrs. McL. Murray; Vice-President, Miss K. Mason; Secretary-Treasurer, Mrs. D. H. Balmain, 383 St. Catherine St., Lachine, P.Q.

Regular Meeting—Second Monday of each month, at 8.15 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

President, Miss L. C. Phillips, 3626 St. Urbain St.; First Vice-President, Miss C. V. Barrett, Royal Victoria Maternity Hospital; Second Vice-President, Miss Muriel Stewart, 99 Northcliffe Ave.; Secretary-Treasurer, Miss Susie Wilson, 38 Bishop St.; Registrar, Miss Lucy White, 38 Bishop St.; Asst. Registrar, Miss Helen S. Hill, 38 Bishop St.; Convener, Griffentown Club, Miss G. H. Colley, 261 Melville Ave., Westmount, Montreal.

Regular Meeting—First Tuesday in each month, at 8.15 p.m.

A.A. CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss A. Kinder; President, Miss E. Way; Vice-President, Miss D. Parry; Treasurer, Miss F. B. Laite; Secretary, Miss E. M. Hillyard; Representative, "The Canadian Nurse," Miss M. Wight; Representative, Private Duty Section, Miss Helen MacDonald; Sick Nurses Committee, Miss J. Chisholm, Miss E. Keegan; Members of Executive Committee, Mrs. C. H. P. Moore, Miss I. Lennon.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

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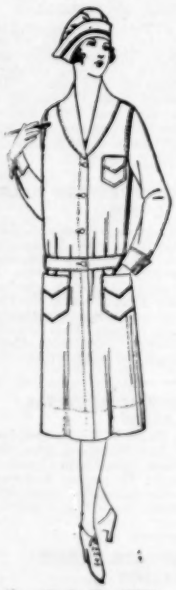

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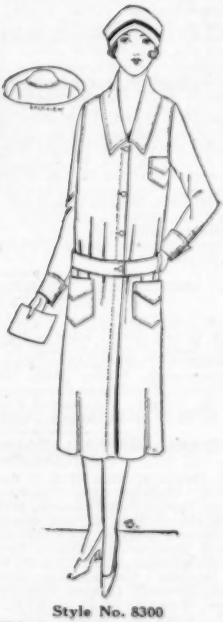

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